



ALCOHOL

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Destroyer



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EXECUTIVE SUMMARY

The detrimental effects of alcohol use is a global problem resulting in millions of deaths, including hundreds of thousands of young lives lost. ¹ The widely used and legal substance is not only a contributing factor in many diseases, but also contributes to a variety of social problems. Its negative impact has spread throughout many communities. Despite all these problems, the harmful use of alcohol remains a low priority in many health and public policies.

Most of the adult population are responsible drinkers; however, the socioeconomic and psychological impact of those who abuse alcohol has a major effect on families and communities. The dangerous patterns of heavy and binge drinking among youth and adults contribute to unsafe roads, communities and health of many individuals. Perhaps the biggest social impact is crime and violence related to alcohol consumption, which create significant costs for justice and law enforcement. ¹

Heavy and binge drinking remain an important pattern of drinking because it leads to serious health problems, short and long term, such as liver disease, violence, unintentional injuries, unintended pregnancy, sexually transmitted diseases, cancer of the mouth, throat, colon and breast, in addition to psychiatric problems, including depression, anxiety and suicide. An intoxicated person can put others in harm's way by involving them in traffic accidents engaging in violent behavior, or by negatively affecting co-workers, relatives, friends and strangers.

Enforcing legal drinking ages for the purchase and consumption of alcohol is an effective way to reduce alcohol-related problems. Implementing sobriety checkpoints in random areas of the city would be another effective way of decreasing drinking and driving. While implementing some of these policies may increase costs during the initial implementation, the long-term benefits will decrease cost associated with alcohol emergency room visits, arrests and could save millions of lives.

This report presents a comprehensive look at how alcohol affects communities and its major long-term impact on individual's overall physical and mental health. The following is a snapshot of alcohol consumption in the District of Columbia.

- 62.7% of respondents consumed at least one drink of alcohol within the last 30 days.
- 6.1% of respondents are heavy drinkers.
- 1,700 college students between the ages of 18 and 24 die each year from alcohol related unintentional injuries, including motor vehicle crashes.
- 15% of respondents are binge drinkers.
- In 2010, there were 87 alcohol-related deaths excluding drinking and driving.
- In 2011, 2,183 District adults aged 21 or older and 41 youth under the age of 21 were enrolled in an Addiction Prevention and Recovery Administration (APRA) treatment facility as alcohol being listed as their primary substance.
- In 2010, 22% of District respondents stated that they lived with someone who had a problem with drinking or was an alcoholic.
- According to the BRFSS 2010 data, respondents who classified themselves as homosexual or bisexual were more likely to be binge and heavy drinkers compared to heterosexuals.

INTRODUCTION

In the United States, each year there are approximately 80,000 deaths attributed to excessive alcohol use.² This makes excessive alcohol use the 3rd leading preventable cause of death.³ Additionally, excessive alcohol use is responsible for about 30 years of potential life lost for each death. In 2005, there were more than 1.6 million hospitalizations and more than 4 million emergency room visits for alcohol-related conditions.³

Drinking has also become a common social activity for many youth. Every day in the U.S., 4,750 young people under the age of 16 have their first full drink of alcohol.⁴ Alcohol is the leading drug problem among the youth and is responsible for at least 4,600 deaths per year among youth under age 21.⁴ Data shows that youth consume alcohol as early as 12 years old, this indicates that there is a disconnect between community and effective government policies related to alcohol.

In the District of Columbia, alcohol is a serious threat to men, accounting for 65 out of the 87 alcohol-induced deaths in 2010. Higher levels of alcohol consumption have been linked to increased risk for cirrhosis, diseases of the central nervous system, hypertension and some cancers.⁵ Excessive alcohol use during pregnancy can cause fetal alcohol syndrome (FAS), growth retardation, facial deformities and central nervous system dysfunction.⁶

Since recorded history, alcohol has been part of the human culture and is made with simple ingredients. Ethanol is the primary ingredient of alcohol, which works as a depressant and alters the function of the brain. The effects and consequences of alcohol are also based on an individual's personal and social lifestyle choices such as drinks consumed daily and social drinking. Although alcohol is a legal substance, there was a point in time when it was prohibited.

The Prohibition of alcohol, 1920-1933, was ratified in the 18th Amendment to the U.S. Constitution, to ban the manufacture, sale, and transportation of alcohol.⁷ The amendment was to improve the health and safety of Americans. For many Prohibition was implemented to regulate morality which did not have the affect that it was intended; instead, the Prohibition period unleashed violence and corruption among the people and authorities.

While most individuals consume alcohol in moderation to celebrate, relax or unwind after a long and hard day of work, the scope of alcohol patterns such as heavy and binge drinking create an environment of abuse that leads to injury, disease and death. While drugs such as crack/cocaine and marijuana have overtaken the streets and have contributed to increase in crime, today many see alcohol as a harmless substance.

Abuse of alcohol is a major problem that affects many individuals, families, and communities. The excess of liquor store establishments in neighborhoods affect inner cities the most. The continual loitering and drunkenness outside of alcohol establishments create an environment of crime especially in the poor urban areas. In addition, the limitless amount of alcohol establishments in close proximity to one another also contributes to the downgrading of the surrounding neighborhoods.

METHODOLOGY

Data for this report were collected using the 2010 Behavioral Risk Factor Surveillance System (BRFSS) and 2010 Youth Risk Behavioral Surveillance System (YRBSS). Listings of alcohol locations and/or licensed holders in the District were obtained from the Government of the District of Columbia, Alcohol and Beverage Regulation Administration (ABRA) and District of Columbia Department of Health (DOH), Health Regulation and Licensing Administration (HRLA), Bureau of Community Hygiene's Food and Safety Hygiene Inspection Services, for cross reference. All listings are current as of December 31, 2011. A listing of schools were obtained from the Public and Charter schools website <http://profiles.dcps.dc.gov/>, <http://www.dcpccb.org/SearchSchools.aspx> and recreation centers lists were obtain from the Department of Parks and Recreation Centers website <http://dpr.dc.gov/DC/DPR/Facilities+and+Permits/Recreation+Facilities>.

Alcohol License

This section contains the type of license that is provided to owners who seek to sell or serve alcohol in the District of Columbia. The report includes information on licensed establishments that hold a Class A, B, C and D license:

- Class A License is considered an off-premises retailers and designates the sale of beer, wine and spirits
- Class B License is considered an off-premise retailer and designates the sale of beer and wine
- Class C License is considered an on-premise retailer and designates the sale and service of beer, wine and spirits
- Class D License is considered an on-premise retailer and designates the sale and service of beer and wine.

Alcohol Arrest

Alcohol arrest data were obtained directly from the District of Columbia Metropolitan Police Department and approved by the Office of The Chief for use in this project.

Wards

An overview of each ward and detailed information were obtained from the District of Columbia Office of Planning website <http://planning.dc.gov/DC/Planning/In+Your+Neighborhood/Wards>.

Advisory Neighborhood Commissions (ANCs)

An overview of ANCs and detailed information were obtained from Council of the District of Columbia's website <http://www.dccouncil.washington.dc.us/neighborhoods>

School Locations

School data were obtained from District of Columbia Public and Charter schools' website. Schools were divided into sub-categories including public schools, charter schools, elementary schools, middle schools, high schools and education campuses pre-defined by the District of Columbia school system.

Census Data

Census data for 2010 were obtained from the U.S. Census Bureau's website <http://quickfacts.census.gov/qfd/states/11000.html>. Population estimates for the District of Columbia in 2002 and 2010 were used.

Behavioral Risk Factor Surveillance System (BRFSS)

Data for alcohol, tobacco, sexual assault, risky sexual behavior and sexual orientation were obtained using the Behavioral Risk Factor Surveillance System (BRFSS) 2010 data. Data on depression were obtained from the BRFSS 2009 data which is the most recent data available. The BRFSS is a telephone survey conducted with randomly selected adults within households that are randomly selected from among all telephone-equipped households in the District of Columbia. The methodology for conducting BRFSS surveys is standardized by the CDC and described in

the 2010 Annual Report. <http://doh.dc.gov/doh/cwp/view,a,1374,q,602444.asp>

Variables and questions used for this report included: alcohol consumption within the past 30 days, binge drinking, heavy drinking and drinking and driving, diabetes, life satisfaction, tobacco use, depression and sexual assault. The binge and heavy drinking variable was created by combining the answers to the following questions:

- **Binge drinkers** - Males having five or more drinks on one occasion, females having four or more drinks on one occasion
- **Heavy drinkers** – Adult men having more than two drinks per day and adult women having more than one drink per day

Additional variables were used to assess alcohol among chronic diseases and risk behaviors based on the following questions:

- **Adverse Child Experience** - “Did you live with anyone who was a problem drinker?”
- **Tobacco: Current Smoker** - “Have you smoked a least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes every day, some days or not at all?”
- **Sexual orientation** – “What is your sexual orientation?”
- **Depression** - “Have you ever been told by a doctor, nurse or health professional that you are depressed?”
- **Sexual Assault** - “In the past 12 months has anyone touched sexual parts of your body after you said or showed that you did not want them?”
- **Intimate Partner Violence** – “Has anyone ever threatened you with physical violence, attempted physical violence and intimate partner ever hit, slapped, pushed, kicked or hurt?”

Youth Risk Behavioral Surveillance System (YRBSS)

Data for alcohol use among youth 18 and younger were obtained from 2010 District of Columbia Youth Risk Behavior Surveillance System (YRBSS), Communities Putting Prevention to Work (CPPW) project. Data collected in the 2010 DC YRBSS were a part of the CPPW, a project which was a part of President Obama’s stimulus package. The questions under the CPPW were the same as the YRBS primary survey.

- “During the past 30 days, on how many days have you had at least one drink of alcohol?”
- “How old were you when you had your first drink of alcohol other than a few sips?”
- “During the past 30 days, on how many days did you have at least one drink of alcohol?”
- “During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is within a couple of hours?”
- “Have you ever been physically forced to have sexual intercourse when you did not want to?”
- “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”
- “During the past 12 months, did you ever seriously consider attempting suicide?”
- “During the past 30 days, on how many days did you smoke cigarettes?”

Quality Control

Data Lists

Multiple websites through Google searches were utilized to capture as a cross reference the listings for liquor stores and markets that sold alcohol. Data were double checked to ensure that locations were captured and met the definition for inclusion in specific categories. Zip code matches from the United States Postal Service were also used for searches on liquor stores, markets, and nightclubs. In addition, locations were obtained from the Alcohol and Beverage Regulation Administration and the District of Columbia Department of Health Regulation and Licensing Administration, Food and Safety Hygiene Inspection Services, for cross-reference. All data are current as of December 31, 2011.

Crime Data

All alcohol arrest data presented in this report were obtained from the District of Columbia Metropolitan Police Department (MPD) based on alcohol-related arrest among adult and youth in the District of Columbia.

Behavioral Risk Factor Surveillance System (BRFSS)

Data Cleaning: Data from the DC BRFSS is processed by ICF International. Data are entered during interviewing using CfMC's CATI software package. The data for each month are then converted into an ASCII file and a Statistical Analysis System (SAS) file is constructed to clean the data of out-of-range codes, recode open-ended responses, and to identify and clarify logically inconsistent responses. The cleaned data set is then reconverted into an ASCII file to meet the pre-defined CDC structure. Each monthly ASCII data set is forwarded to the required CDC structure.

Quality Control Measures: Supervisors monitored 10% of interviews using a remote monitoring feature of the CATI software. During these sessions, the supervisor simultaneously monitored both the interviewer-respondent interaction on the telephone and the data entered by the interviewer into the CATI system; scoring the interviewer on a variety of performance measures. Neither interviewers nor resident were aware when calls were monitored.

Youth Risk Behavioral Surveillance System (YRBSS)

The YRBSS data were thoroughly cleaned and edited according to the CDC protocol to ensure quality and reliability of the data. Separate analyses were conducted and compared to the published YRBSS report to ensure data integrity. All except a few sites send completed questionnaires or answer sheets to the contractor, which scans them and constructs a raw electronic dataset. Certain sites scan their answer sheets and send the raw electronic dataset to the contractor. The contractor sends all raw datasets to CDC, which edits them to identify out-of-range responses, logical inconsistencies, and missing data. The data cleaning and editing process is performed by the Survey Data Management System (SDMS), which CDC developed in 1999 to process all YRBSS data and produce reports. Originally developed as a stand-alone system, SDMS was transformed to a web-based system in 2008 and performs its functions using Visual Basic (33), SAS (34), and SUDAAN (35) programs.

Geographic Information Systems (GIS) Mapping

Addresses obtained for all liquor stores, markets, nightclubs, schools and recreation centers in the District were categorized and mapped utilizing GIS. The coordinates for the study addresses were retrieved from the website: <http://geocoder.us/> that provided free web-access to an address geocoder. Addresses that weren't matched to the highest level were sent over to the Alcohol and Beverage Regulation Administration (ABRA) for verification to maintain accuracy in our analyses. In some cases the mismatch was due to malformed addresses, and required manual intervention. This was done to obtain a higher match rate. Mappings for schools were based on lists obtained through the Public and Charter schools website. Due to re-zoning, some locations may have shifted from one ward to another. Primary changes were noticeable among Wards 2 and 6 primary business districts.

The geocoded addresses were mapped using ArcMap 9.2 from ESRI. All maps used a uniform base map of the District of Columbia divided by wards. The wards were labeled within each map for clarity and better comparisons of distribution within the district. The ESRI shape files were downloaded from <http://dcgis.dc.gov/>. The coordinates of the geocoded addresses were directly used to overlay the data with the Washington, DC base map.

Alcohol (heavy and binge) prevalence by ward is illustrated through adding layers for their prevalence figures onto the maps. To map schools and recreation centers by ward, each ward was extracted and locations of Class A, B, C and D establishments and schools were extracted by their respective ward. Each ward was divided by its respective Advisory Neighborhood Commissions (ANC). Recreation centers, charter Schools and public elementary; middle and high schools were then mapped for each ward and ANC. Class A and B Establishments were mapped by ANC and ward. In some cases, the layers were categorized using the map symbology tool, to deliver greater impact. Diverse colors were used to represent different categories and different symbols were used for easier interpretation of the maps. Increasing intensity of colors was used to show prevalence layers for alcohol (heavy and binge) in the District. Colors for mapping food options and schools were chosen carefully to make the illustrations as easy to interpret as possible.

The GIS maps were created using the 2002 ward map to correspond with the BRFSS binge and heavy drinking rates in addition to locations that were current as of 2011. The rezoning of the wards were released and implemented in the new ward maps of January 2012.

Data Analyses

SAS 9.1, Cary, N.C. and SPSS 19 were used to conduct frequencies, cross-tabulations and bivariate analyses. Variables used included alcohol consumption, drinking and driving, binge drinking, heavy drinking, depression, risky sexual behavior, sexual assault, sexual orientation, age, race, sex, income, education and ward. All variables were weighted using the final weight variable to adjust for a non-random sampling method. P-values were provided to show significance among all variables in relation to alcohol. All variables did not show a P-value of .05. This report may show correlation based on data variables but should not be interpreted as causal.

Limitations of the Data

When geocoding addresses, a less than 100% match rate occurred and some addressees needed to be manually corrected. Others may not have been included due to recent openings or closures that may have occurred after the most recent listing of all locations were obtained. Listing is accurate as of December 31, 2011.

Limitations of BRFSS data include sampling error that may occur with any sample survey population. Sampling error can cause the results of the District of Columbia BRFSS to vary from those that would have been obtained with a census of all adults living in telephone-equipped households. The results of this sample survey could differ from true figures because some households cannot be reached and others refuse to participate. Non-responding household may differ from participating respondents in terms of attributes relevant to the study. (BRFSS)

Data from the District of Columbia Youth Risk Behavioral Surveillance System (YRBSS), Communities Putting Prevention to Work (CPPW) survey were collected only within the DC Public School system and not within the DC Public Charter School system in 2010. In addition, YRBSS data are not available by ward due to increased risk of individually identifying students. Overall prevalence rates for the District of Columbia were used and individual problem areas could not be identified.

Class A and B Establishments in Close Proximity by Block

The District of Columbia Department of Health, Center for Policy, Planning and Evaluation conducted a study to observe 30 District Public Schools and 30 Public Charter Schools in close proximity to liquor stores and markets (referred to as Class A and B establishments). All schools were randomly selected. Three elementary and/or middle schools and one high school per ward and by school system. Class A and B establishments were observed for loitering, advertisement, carding for ID and visible liquor license.

Limitation of the Study

- Private schools were not observed
- All schools were not observed by block.

Quality Control

School locations in proximity to alcohol establishment retain a 95% accuracy for locations in terms of blocks. Depending on direction of travel, some blocks could be shorter or longer than what was noted.

DEMOGRAPHICS OF WASHINGTON, DC



According to the 2010 Census, there were 601,723 people living in the District of Columbia. Of this population, 38.5 % were white, 50.7% were Black or African American, 3.5% were Asian, 9.1% Hispanic or Latino and about 3.3% were another race. Of those residents in DC who are 25 years or older, 85.5% have earned a high school degree or higher, 47.1% have earned a bachelor's degree or higher (2005-2009). The median household income is \$58,906, and 16.7% of families and 20.2% of individuals live at or below the poverty level (2005-2009).⁸

The District of Columbia is divided into wards and Advisory Neighborhood Commissions (ANCs). There are eight wards and 37 ANCs in the District. The ANCs are used to advise the District government on neighborhood issues related to zoning, health, police protection, social service programs, parks and recreation and sanitation issues.⁹

Ward 1 is located in the Northwest quadrant near the center of the District. With a population of 76,197 residents, this ward is the home of some extraordinary places and people: Columbia Heights, Adams Morgan's renowned entertainment district, Howard University, Historic U Street and LeDriot Park. Ward 1 is 32% white, 46% Black or African American, 18% other, and 24.7% Hispanic/Latino. The median income in Ward 1 is \$36,902.⁹

Ward 2 is located in the Northwest and Southwest quadrants of the city. With a population of 79,915, this ward covers a significant portion of the downtown area and is the home of some historical landmarks and universities. This ward comprises of both business and residential areas such as the District's Central Business District, the National Mall, Georgetown University, George Washington University East Potomac Park, the Potomac River, the White House, and the Capitol. Ward 2 has the greatest number of historic landmarks and historic districts of any ward. Ward 2's residents are 65.4% white, 20% Black or African American, 12% other, and 10.2% Hispanic/Latino. The median income of Ward 2 is \$44,742.⁹

Ward 3 is located in the Northwest quadrant of the District and has a population of 77,152 residents. Ward 3 is primarily residential and consists of Tenleytown and Friendship Heights neighborhoods and Wisconsin Avenue which feeds into the exclusive, high-end shopping area of Chevy Chase, MD. The median household income is \$71,875, which is 79% above the District's median income. Residents in this ward are 84% white, 6% Black or African American, 5.7% Asian, and 7% Hispanic/Latino.⁹

Ward 4 has a population of 75,775 residents. Of these residents, 18% are white, 71% are Black or African American, 8.5% other, and 12.5% Hispanic/Latino. Ward 4 has a diverse collection of neighborhoods stretching from the northeast neighborhoods of Lamond-Riggs to parts of the Chevy Chase community west of Rock Creek Park. Ward 4 stretches

from its northern boundary of Eastern Avenue with Montgomery County, Takoma Park and Prince George's County in Maryland to its southern border with Ward 1 on Spring Road, Ward 5 to the East and Ward 3 to the West. The median income of Ward 4 is \$46,408. ⁹

Ward 5 is located in the District's Northeast quadrant and has a population of 74,308 residents. Of these residents, 9.5% are white, 87% are black or African American, 3% are other, and 3% are Hispanic/Latino. Major transportation and commuter routes run through this ward including New York Avenue, North Capitol Street, Florida Avenue, Benning Road, Rhode Island Avenue, Michigan Avenue, South Dakota Avenue, and Bladensburg Road. Ward 5 is largely industrial and undergoing many improvements to increase the quality of life. The median income in ward 5 is \$43,433. ⁹

Ward 6 is located in all four quadrants of the District; Northwest, Southwest, Northeast, and Southeast. A portion of Ward 6 lies within the Central Business District. Capitol Hill, Chinatown, Union Station, Judiciary Square and Navy Yard are all located within Ward 6. The population of Ward 6 is 76,598 and consists of 32% white, 63% Black or African American, 3% other, and 3% Hispanic/Latino. The median income for Ward 6 is \$41,554. ⁹

Ward 7 is the District's most Eastern ward. There are 71,068 residents in Ward 7 comprised of 1% white, 97% Black or African American, and less than 1% other or Hispanic/Latino. Ward 7 is physically separated from downtown Washington D.C., bordered on the west by the Anacostia River, the north and east by Prince George's County, Maryland, and the south by Ward 8. Some of the neighborhoods include Benning Ridge, Deanwood, Eastland Gardens, Fort Davis, Good Hope, Kenilworth, Lincoln Heights, Park Naylor and Twining. Ward 7 contains hundreds of vacant homes which have contributed to crime, illegal dumping, and neighborhood problems. The median income for this ward is \$30,533. ⁹

Ward 8 is the District's more southern ward with 70,712 residents. The population of Ward 8 consists of 5% white, 92% Black or African American, and less than 2% other or Hispanic/Latino. St Elizabeth's Hospital, Bolling Air Force Base, the Blue Plans Wastewater Treatment Plant, and D.C. Village are all located within Ward 8. The median income in Ward 8 is \$25,017 and 1 in 3 residents live at or below the poverty line. ⁹

*Disclaimer: Neighborhood names were used to provide reference of areas. Due to zoning and restructure changes, some of the neighborhoods may no longer exist or located within a particular ward cited.

A full summary of statistics of District demographics by Ward can be viewed at the District of Columbia Office of Planning website, <http://planning.dc.gov/DC/Planning/In+Your+Neighborhood/Wards>

WHAT IS ALCOHOL



Ethyl alcohol or ethanol, which is consumed at social gatherings and bars is the intoxicating ingredient found in wine, beer and liquor.¹⁰ Alcohol is created by fermentation, a process in which the yeast fungus feeds on the sugars and/or starches in certain plants such as barley or grapes and excretes alcohol along with carbon dioxide (CO₂).¹⁰

For the following, a standard drink is equal to 14.0 grams (0.6 ounces) of pure alcohol:¹¹

- 12-ounces of beer
- 8-ounces of malt liquor
- 5-ounces of wine
- 1.5-ounces or a “shot” of 80-proof distilled spirits or liquor (e.g, gin, rum, vodka, or whiskey)

As a result excessive drinking both in the form of heavy drinking or binge drinking, is associated with numerous health problems, including:

- Alcohol abuse or dependence.¹¹
- Chronic diseases such as liver cirrhosis (damage to liver cells); pancreatitis (inflammation of the pancreas); various cancers, including liver, mouth, throat, larynx (the voice box), and esophagus; high blood pressure; and psychological disorders¹¹
- Unintentional injuries, such as motor-vehicle traffic crashes, falls, drowning, burns and firearm injuries¹¹
- Violence, such as child maltreatment, homicide, and suicide¹¹
- Harm to a developing fetus if a woman drinks while pregnant, such as fetal alcohol spectrum disorders. Sudden infant death syndrome (SIDS)¹¹
- Risky sexual behaviors, include unprotected sex, with multiple partner, engaging in aggressive behaviors such as rape, also unintended pregnancies and contracting a sexually transmitted disease¹¹

PROHIBITION AND REGULATION



The Prohibition era was enacted from 1920-1933 as a permanent ban on the sale, transportation, importing and exporting of alcoholic beverages. Prior to the national ban, individual states had passed local bans, and by 1916, 26 of the 48 states had banned alcohol.¹²

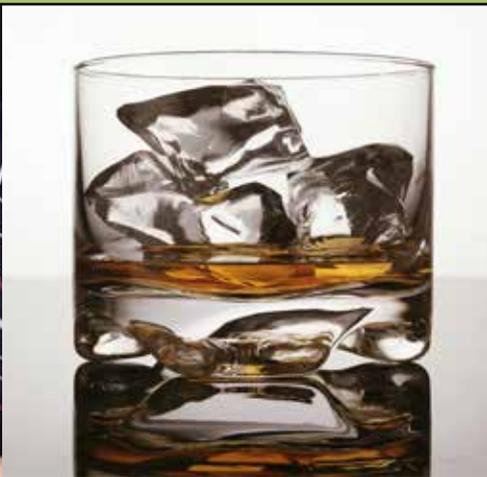
By the time of the repeal of the 18th Amendment in 1933, it was apparent that the measure and implementation of Prohibition was a failure.¹² Instead of promoting and improving the nations health and quality of life the opposite was true as the illegal manufacturing and selling of alcohol, while fulfilling a void for many, also contributed to criminal activity that became organized and led to the rise of powerful crime organizations. Crime organizations used murder, and the bribery of public officials and even law enforcement officers, to move large quantities of the illegal substance.¹²

The end of Prohibition came in 1933 with the ratification of the 21st Amendment of the U.S. Constitution.¹² For many who enjoyed drinking alcohol, the end of Prohibition provided a sense of relief as well as for businesses that made money on liquor sales. In an effort to prevent some of the perceived abuses of alcohol sales, State and County governments created a licensing system to control and tax businesses selling alcohol.¹²

Regulating the sale and purchase of alcohol has had an impact on convenience and availability of the substance. Some states and communities try to limit alcohol to only liquor stores in an effort to make the substance less available.¹³ However, some states and cities including the District of Columbia have made alcohol accessible to liquor stores as well as grocery stores, markets, convenience stores and carry-outs.

The District of Columbia Alcoholic Beverage Regulation Administration (ABRA) is an independent government regulatory agency. ABRA issues and renews licenses that enable qualified businesses to sell and serve alcoholic beverages. ABRA monitors compliance with Alcohol Beverage and Control (ABC) laws and takes appropriate enforcement action when licensees violate these laws. When necessary, ABRA proposes new laws regulating the manufacture, distribution, and sale of alcoholic beverages in the District. ABRA also offers education programs that help ABC establishments prevent the sale of alcoholic beverages to underage individuals.¹⁴ ABRA operates under the authority of the ABC Board that sets policy parameters for the Agency. Members of the ABC Board are appointed by the Mayor and confirmed by the City Council.¹⁴

HEAVY AND BINGE DRINKING



Alcohol has had a negative impact on communities for thousands of years, changing the dynamics of how communities thrive socially and economically. The adverse effects of alcohol are not only short-term but have long-term health consequences that legislative bodies of government and communities cannot continue to ignore.

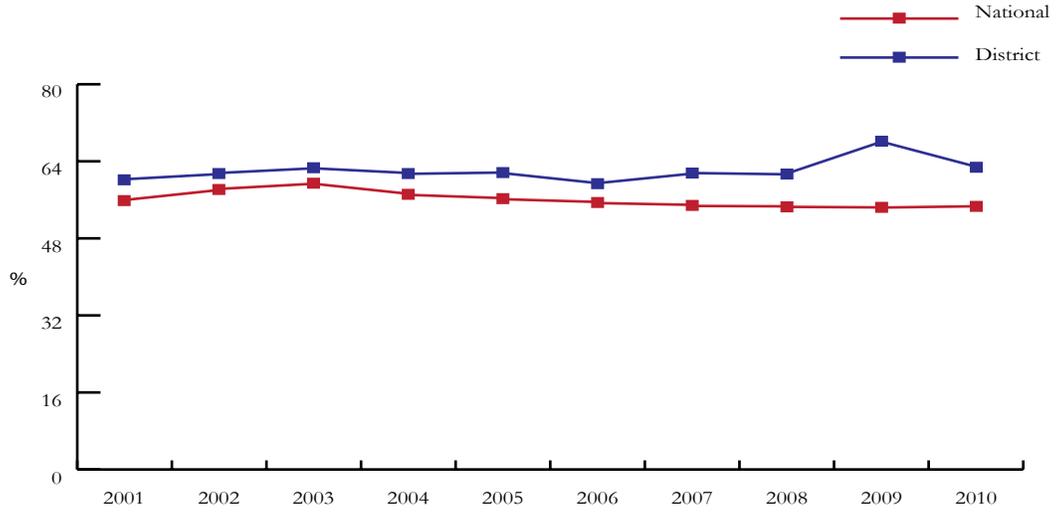
Many of the policies have been developed and implemented to address critical but short-term effects of alcohol. The gaps in many of these policies do not effectively address the long-term effects of alcohol. The harmful effects and abuse of alcohol must be evaluated long-term to develop policies that will address the mental, physical and socioeconomic issues that are at the core of many alcohol abusers.

Implementing policies that can aid in the reduction of television and media advertisement of alcohol, removal of store front advertising that engage youth, implementing higher alcohol prices and taxes, decreasing hours of sale, and regulating alcohol density are effective strategies that have been evaluated over time and proven effective by the CDC, Guide to Community Preventive Services. Many of these policies, if implemented, would have an enormous impact on the effort to reduce the abuse of alcohol.

Socioeconomic status and mental instability are two major contributors to long-term binge and heavy drinking. Without assessing the entire spectrum of behaviors associated with alcohol, many great efforts have become consumed with focusing on short-term issues rather than embody the root cause. Eliminating avenues that increase early onset of use is one key component in preserving the quality of life for individuals long-term.

According to the BRFSS, over the past ten years, District residents have consumed higher rates of alcohol compared to national rates. In 2010, the District saw a decline in alcohol consumption rates among respondents who stated that they had an alcoholic beverage within the past 30 days; rates still higher than the national average. Figure 1 shows a slight decline in alcohol consumption.

Figure 1. Percentage of Adults Who Have Had At Least One Drink of Alcohol Within the Past 30 Days



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS)

According to the 2010 BRFSS survey, 62.7% of District respondents stated that they consumed at least one drink of alcohol within the last 30 days. Males, adults aged 35-44 years old, Caucasians, college graduates, households with an income of \$75,000 or more and residents who resided in Ward 3 were more likely to consume at least one drink of an alcoholic beverage within the past 30 days (Table 1).

Table 1. Consumption of Alcohol in the Past 30 Days by Demographics and Ward

“During the past 30 days have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

	N	Yes
		PERCENT
TOTAL	3952	62.7
GENDER		
Male	1570	68.3
Female	2382	57.9
AGE		
18-34	92	68.8
35-44	559	75.4
45-54	714	62.6
55-64	938	54.5
65+	1231	43.6
RACE/ETHNICITY		
Caucasian/White	1903	86.7
African American/Black	1612	43.8
Other	212	62.4
Hispanic	137	63.9
EDUCATION		
Less than High School	251	26.8
High School Graduate	605	41.8
Some College	571	47.1
College Graduate	2513	77.3
INCOME		
Less than \$15,000	323	34.9
\$15,000-\$24,999	373	38.7
\$25,000-\$34,999	272	37.0
\$35,000-\$49,999	331	48.0
\$50,000-\$74,999	411	63.0
\$75,000 and over	1766	83.5
WARD		
Ward 1	311	69.0
Ward 2	337	74.8
Ward 3	684	82.7
Ward 4	484	61.8
Ward 5	375	53.2
Ward 6	438	69.8
Ward 7	333	38.4
Ward 8	319	40.9

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

HEAVY DRINKING

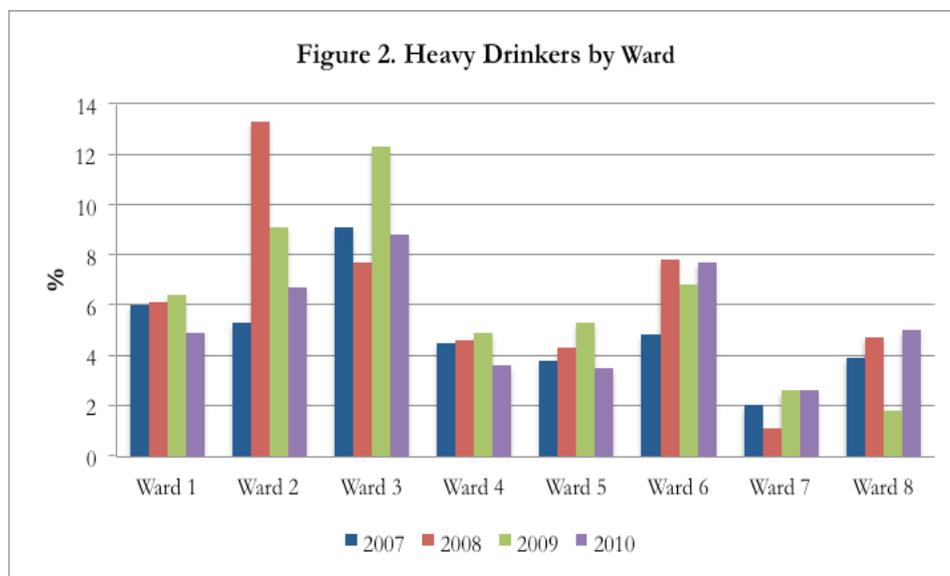
Heavy Drinking* Defined: For men, heavy drinking is typically defined as consuming an average of more than 2 drinks per day. For women, heavy drinking is typically defined as consuming an average of more than 1 drink per day.

In 2010, rates for heavy drinking among District residents have seen a decline but continue to be higher than the national rates. With exception of year 2008, Ward 3 residents overall ranked the highest among heavy drinkers. There has been a slight decline among all wards over the last two years; however, Ward 8 residents have seen an increase and Ward 6 rates have remained steady (Figure 2). The increase in heavy drinking among residents who resided in Ward 8 could be an indication that the economy and high unemployment rates have started to impact this community where unemployment and poverty are the highest in the city (Table 2).

Data indicate that District residents who earn a household income of \$75,000 or more were likely to be binge and heavy drinkers. Several studies show that social drinking plays a role in boosting prosperity because the person appears charismatic and confident. Conversely, high earners may also experience the downside of this equation such as being over worked, meeting deadlines, under performing at work and fear of losing ones job. Further, individuals who live in poverty, suffer from a different set of circumstances, not being able to locate a job, not enough money to take care of their families tend to be binge and heavy drinkers. These factors, while different, play a critical role in how individuals cope with the upward and downward issues of life and how alcohol plays an integral role when introduced.

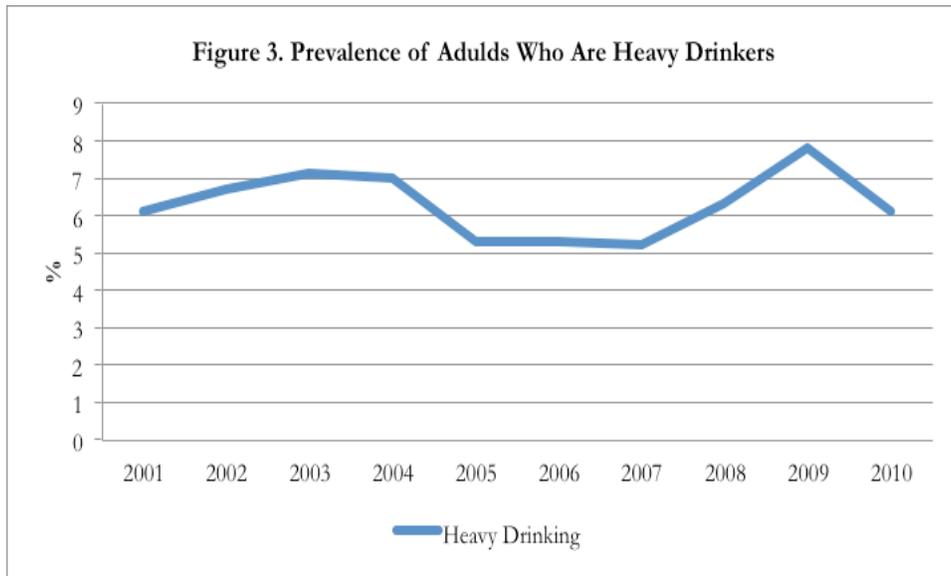
When an individual is not a problem drinker giving up social drinking does not have a major impact on their lives as someone who is a problem drinker or depends on alcohol to get them through the day. According to the BRFSS 2010 survey results, 6.1% of District residents are heavy drinkers (Figure 3). Females, adults aged 18-34 years, Caucasians, college graduates, persons with a household income of \$75,000 or more and residents of Ward 3 were more likely than all other subgroups to be heavy drinkers (Table 3 and Figure 4).

According to the Department of Employment Services the District’s unemployment rates are higher in Wards 7 and 8 the poorest wards in the District of Columbia (Table 2).



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS)

*Heavy drinking defined by CDC



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS)

Table 2. District of Columbia Unemployment Rate by Ward 2011-2012

Ward	Labor Force 2011	Labor Force 2012	Employment 2011	Employment 2012	Unemployment 2011	Unemployment 2012	Unemployment Rate 2011	Unemployment Rate 2012
1	49,269	49,629	45,131	45,425	4,138	4,204	8.4	8.5
2	49,455	49,800	47,093	47,400	2,362	2,400	4.8	4.8
3	54,189	54,556	52,823	53,168	1,366	1,388	2.5	2.5
4	44,333	44,655	40,806	41,072	3,527	3,583	8.0	8.0
5	36,952	37,238	32,061	32,270	4,891	4,968	13.2	13.3
6	43,673	43,998	39,395	39,652	4,278	4,346	9.8	9.9
7	35,870	36,158	30,067	30,263	5,803	5,895	16.2	16.3
8	31,124	31,396	23,621	23,775	7,503	7,621	24.1	24.3

Source: Department of Labor

Table 3. Binge Drinking and Heavy Drinking by Demographics and Ward

Heavy drinking results are from responses to: “One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

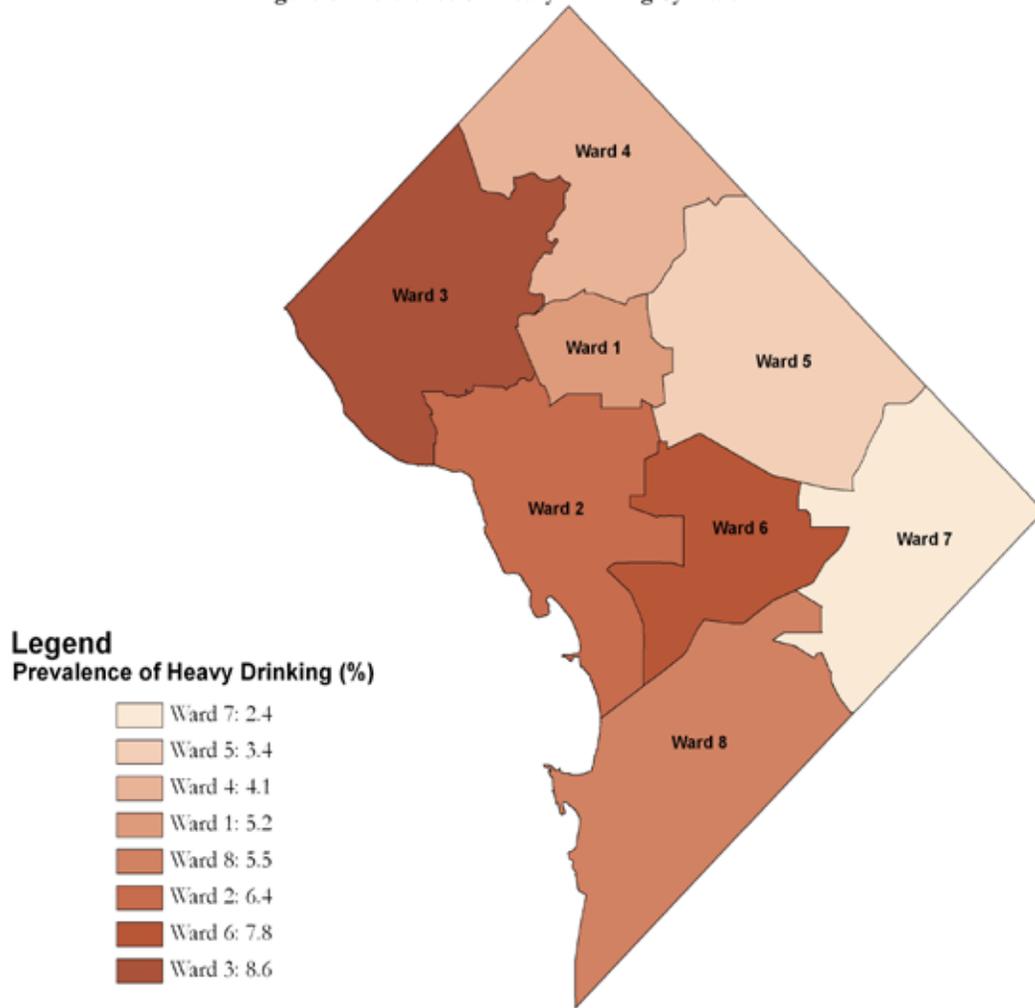
During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?”

Binge drinking results are from responses to: “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?”

	N	Heavy Drinker	N	Binge Drinker
		Yes		Yes
		PERCENT		PERCENT
TOTAL	3869	6.1	3896	15.4
GENDER				
Male	1532	5.3	1543	19.4
Female	2337	6.7	2353	12.0
AGE				
18-34	501	8.8	503	73.8
35-44	548	4.8	549	81.0
45-54	695	5.8	702	86.3
55-64	920	6.0	924	92.6
65+	1205	4.5	1218	95.3
RACE/ETHNICITY				
Caucasian/White	1871	10.3	1884	76.8
African American/Black	1571	3.6	1579	89.9
Other	209	3.1	210	85.2
Hispanic	135	5.2	136	86.2
EDUCATION				
Less than High School	246	6.2	241	9.3
High School Graduate	585	4.3	591	11.5
Some College	558	3.1	563	12.3
College Graduate	2468	7.4	2489	18.1
INCOME				
Less than \$15,000	315	4.0	317	12.4
\$15,000-\$24,999	366	5.6	364	11.6
\$25,000-\$34,999	270	6.4	268	12.0
\$35,000-\$49,999	323	2.7	328	12.0
\$50,000-\$74,999	401	4.2	404	17.1
\$75,000 and over	1740	8.4	1752	19.2

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Figure 4. Prevalence of Heavy Drinking by Ward



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

BINGE DRINKING

Binge drinking* defined: For men drinking 5 or more alcoholic drinks within a short period of time or women drinking 4 or more drinks within a short period of time.

Excessive drinking including binge drinking causes 80,000 deaths in the United States each year and in 2006 cost the economy \$223.5 billion.¹⁵ More than 38 million US adults binge drink about 4 times a month.¹⁶ Binge drinking greatly increases the chances of injury, traffic accidents and/or fatalities, violence and suicide.

Alcohol consumption by underage college students is common, although it varies from campus to campus and from person to person. Various studies indicate that about 80 percent of college students drink alcohol, about 40 percent engage in binge drinking, and about 20 percent engage in frequent episodic heavy consumption.¹⁷

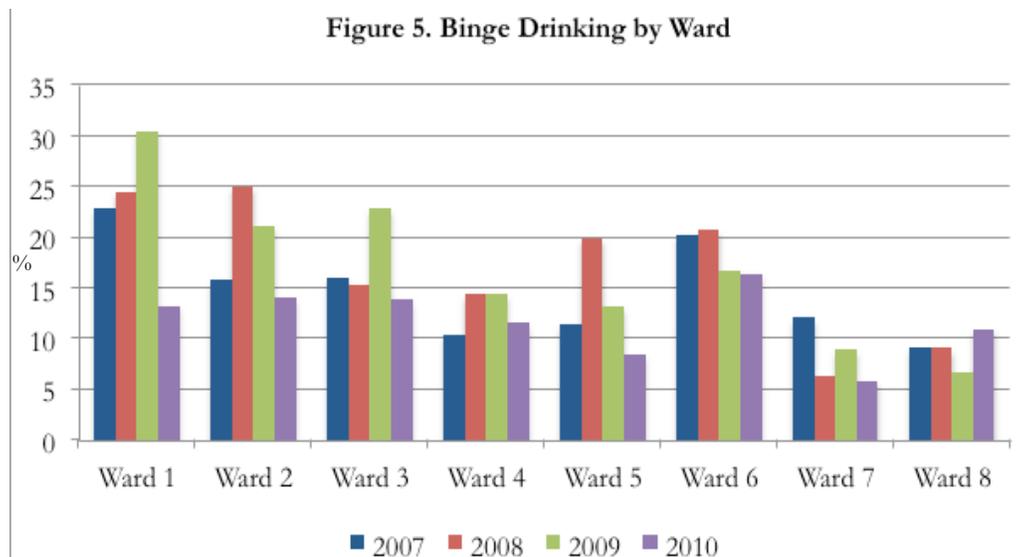
Although college students have been known to be the biggest contributors of binge drinking, recent studies have shown that binge drinking is not only a problem among college students¹ but also to youth under the age of 16.¹⁷

Binge drinking has contributed to the following:

- 1,700 college students between the ages of 18 and 24 years die each year from alcohol-related unintentional injuries, including motor vehicle crashes¹⁷
- 600,000 students are unintentionally injured¹⁷
- Approximately 700,000 students are assaulted by other students who have been drinking¹⁷
- About 100,000 students are victims of alcohol related sexual assault or date rape¹⁷

According to the BRFSS 2010 results, 15.4% of Districts respondents were binge drinkers. Men, African Americans, adults aged 65 years or older, college graduates, households with an income of \$75,000 or more and residents of Ward 6 were more likely to be binge drinkers (Table 3)

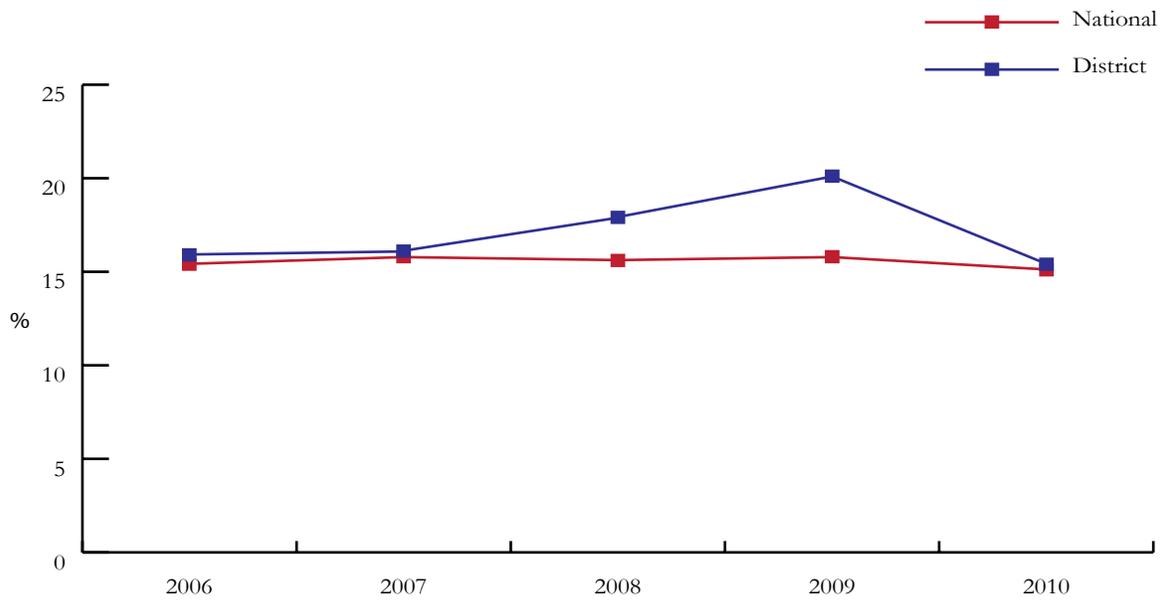
Binge drinking rates have seen a decline in 2010 and rates are lower than the national average but rates have seen an increase among Ward 8 residents and relatively no change in Ward 6, the same pattern is seen for heavy drinkers (Figures 5, 6 and 7).



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

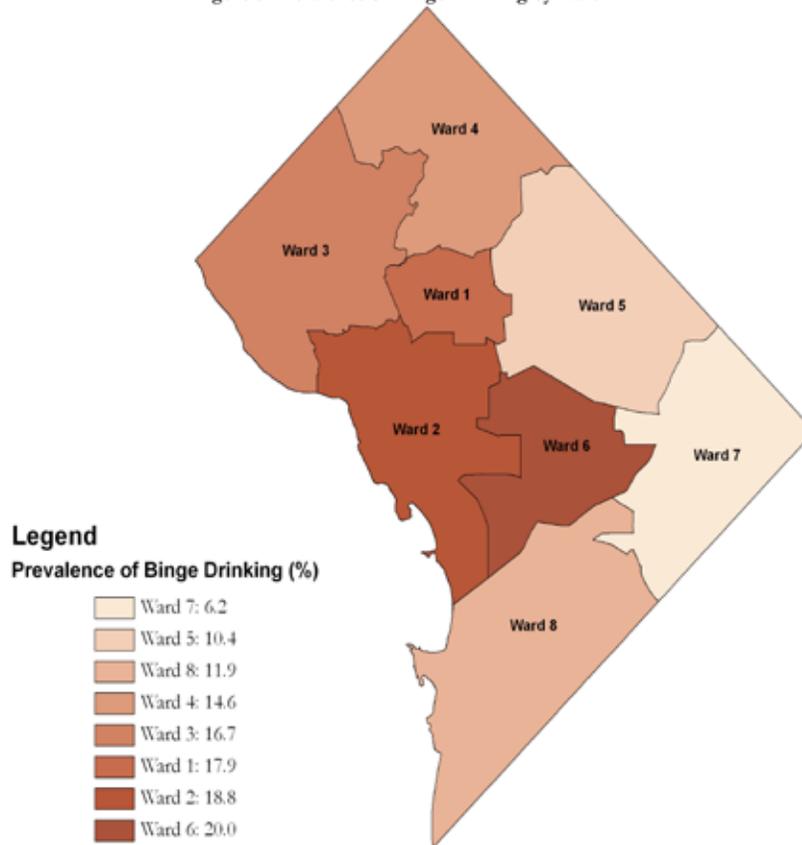
*Binge drinking defined by the CDC

Figure 6. Percentage of Adults Who Are Binge Drinkers



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS)

Figure 7. Prevalence of Binge Drinking by Ward



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

The Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System program conducted a study to observe accessibility and promotion of alcohol within the community among college students and youth under the age of 21 years.

As required by Alcohol Beverage Regulation Administration (ABRA), alcohol establishments are required to be 400ft away from colleges/universities/parks and schools. Overall, Gallaudet University has seven (7) Class A and B establishments located within 1-4 blocks of the university (Table 4).

- Gallaudet has two Class A establishments located across the street from the college/university.
- University of the District of Columbia had one Class A establishment located within the same block as the college/university.
- Trinity and Gallaudet University/college both had one Class B establishment located within one block of the universities.
- Catholic, Gallaudet, George Washington universities and University of the District of Columbia all had a Class A establishments located within two blocks of the universities.
- There were no Class B establishments located within 2 blocks of the universities.

Many college students are of the legal age to drive and not having a liquor store in close proximity, although convenient would not deter access or availability when a car is accessible. Focusing on binge drinking among college students and those who drink and drive remain critical issues but overall education regarding the negative affects and consequences of alcohol would be beneficial to all age groups.

TABLE 4. COLLEGES AND UNIVERSITY BY CLASS A AND B ESTABLISHMENTS									
Name of Colleges and Universities	Number of Class A Establishments				Number of Class B Establishments				TOTAL
	1 Block	2 Blocks	3 Blocks	4 Blocks	1 Block	2 Blocks	3 Blocks	4 Blocks	
American University	0	0	1	0	0	0	0	0	1
Catholic University	0	1	0	0	0	0	1	0	2
Gallaudet University	2	1	2	1	1	0	0	0	7
George Washington University	0	1	0	0	0	0	0	0	1
Georgetown University	0	0	0	1	0	0	0	0	6
Trinity University	0	0	0	0	1	0	0	0	1
University of the District of Columbia	-1	1	0	0	0	0	0	0	2

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Notes:

1. The blocks were measured starting in front of the school and assessed in all four directions. Depending on the direction of travel to and from the campus could also increase or decrease the blocks to an establishment.
2. Further investigation clarified that in many cases alcohol establishments and/or schools may have been in their current location before the other establishment were either developed or space utilized by a previous business, and provisions were made to allow the current establishment to reside in that location.

HEALTH CONSEQUENCES OF ALCOHOL USE



The biggest asset that all individuals have is their health; without good health life becomes uncertain. One of the avenues that compromise an individual's health is their personal choice to engage in unhealthy risk behaviors. As a result of their choice, chronic diseases, injury, disability and death for many become reality. Although research has claimed the benefits of light to moderate alcohol consumption, excessive alcohol use, whether binge or heavy consumption, changes the dynamics of such claims.

Alcohol affects every organ in the body. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream.¹⁸ Alcohol is metabolized in the liver by enzymes; however, the liver can only metabolize a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body. The harmful effects of alcohol on the body is directly related to the amount consumed.¹⁸

Most people realize that heavy, long-term drinking can damage the liver, the organ generally responsible for breaking down alcohol and clearing it from the body.¹⁹ However, many may not be aware that prolonged liver dysfunction, such as liver cirrhosis resulting from excessive alcohol consumption can harm the brain, leading to a serious and likely fatal brain disorder known as hepatic encephalopathy.¹⁹ Alcohol policies and aggressive education messaging are an important tool for preventing these problems long-term.

The Addiction Prevention and Recovery Administration (APRA) is tasked with providing substance abuse and treatment services to District residents and families coping with addiction or at risk of becoming addicted to alcohol or illicit drugs. In 2011, 2,183 District adults aged 21 years or older and 41 youth under the age of 21 years were enrolled in an APRA treatment facility listing alcohol usage as their primary substance (Table 5).

Table 5. 2011 ADDICTION PREVENTION AND RECOVERY ADMINISTRATION ALCOHOL TREATMENT ADMISSIONS

Age	Substance Use	Number of Clients
Adult=>21	Alcohol listed as primary substance	2,183
Youth=<21	Alcohol listed as primary substance	41

Source: Addiction Prevention and Recovery Administration (APRA), 2011

In 2010,* there were 87 alcohol-related deaths and within the past five years, there were 337 alcohol-related deaths; of those deaths males, African Americans and adults aged 55-64 years were more likely to die as a result. Two areas where alcohol-related deaths were most prevalent were alcohol liver disease and mental and behavioral disorders due to alcohol use; both have seen an increase since 2009 (Table 6).

TABLE 6. ALCOHOL-INDUCED DEATHS AMONG DC RESIDENTS, 2006-2010

Description of Underlying Cause Death	2006	2007	2008	2009	2010*	Total
Accidental poisoning by and exposure to alcohol	0	0	2	5	9	16
Alcohol-induced acute pancreatitis	1	0	3	1	6	11
Alcohol-induced pancreatitis	1	0	1	1	1	4
Alcohol cardiomyopathy	0	3	4	0	2	9
Alcohol gastritis	0	0	1	0	0	1
Alcoholic liver disease	37	18	29	26	35	145
Degeneration of nervous system due to alcohol	0	0	0	0	1	1
Intentional self-poisoning by and exposure to alcohol	0	1	0	0	0	1
Mental and behavioral disorders due to alcohol use	43	23	28	19	33	146
Poisoning by and exposure to alcohol, undetermined intent	0	2	1	0	0	3
Total	82	47	69	52	87	337

*Preliminary data

Source - DC Department of Health, Center for Policy, Planning and Evaluation, Vital Records Division, 2006-2010

Over the past five years, there were 1,619 persons who were admitted to a District of Columbia hospital due to alcohol-related problems. There has been an increase in alcohol dependency in 2010 and admission of non-dependent abuse of alcohol and alcohol psychosis rates have seen a decrease since 2009 (Table 7).

TABLE 7. HOSPITAL ADMISSIONS FOR ALCOHOL RELATED PROBLEMS 2006-2010

Disease Description	2006	2007	2008	2009	2010
Alcohol Psychosis (ICD - 291)	238	191	117	181	105
Alcohol Dependence (ICD-303)	108	94	148	123	217
Non-dependent Abuse of Alcohol (305)	38	39	41	37	54

This table only looks at admissions related to alcohol not those who entered a hospital and were released without being admitted.

Source: District of Columbia Hospital Discharge Data, Center for Policy, Planning and Evaluation, 2006-2010

The Office of the Chief Medical Examiner (OCME) investigates all deaths in the District of Columbia that occur by any means of violence (injury) and those that occur without explanation or medical attention that may pose a threat to the public health.²¹ The OCME provides forensic services to government agencies, health care providers and citizens in the Washington D.C. metropolitan area to ensure that justice is served and to improve the health and safety of the public.²¹

In calendar year 2010, cardiovascular diseases were the leading natural cause of death accounting for 391 OCME cases; followed by Alcoholism at 46 cases. African Americans accounted for 73% of those deaths and those persons in the age group 50-59 years had 163 more deaths than any other age group. The majority of incidents occurred in June.²¹

In 2010, the OCME investigated and performed 493 toxicology analyses of natural deaths cases. Ethanol, the main ingredient found in alcohol beverages, was the commonly detected drug found in 57 (11.5%) of natural deaths (Table 8).

The OCME also investigated and performed toxicology analyses on 45 out of 49 undetermined death cases. Drugs were absent in 19 undetermined deaths. Of the positive cases, 40% had more than one drug present. There were seven (7), (15.5%) cases of undetermined deaths where the most commonly detected drug was ethanol (Table 9).

Table 8. NATURAL CAUSE OF DEATH BY DRUGS

Name of Drugs	Number of Cases	% of Natural Cases
Ethanol	57	11.5
Acetone	30	6.0
Cocaine	29	5.8
Morphine	21	4.2
Methadone	18	3.6
Citalopram	16	3.2
Diphenhydramine	14	2.8
Nordiazepam	12	2.4
Diazepam	11	2.2
Phencyclidine (PCP)	11	2.2

*Cases that were accepted by the Office of the Chief Medical Examiner

Source: Office of the Chief Medical Examiner (OCME) 2010 Annual Report

Table 9. UNDETERMINED CAUSE OF DEATH BY DRUGS

Name of Drug	Number of Cases	% of Undetermined Cases
Ethanol	7	15.5
Morphine	5	11.1
Zolpidem	4	8.8
Nordiazepam	4	8.8
Diazepam	2	4.4

Source: Office of the Chief Medical Examiner (OCME) 2010 Annual Report

According to the 2010 BRFSS, 22% of District respondents stated that they lived with someone who had a problem with drinking or an alcoholic. Females, adults aged 45-54 years, African Americans, adults with less than a high school education, households with an income of less than \$15,000 or more and residents who resided in Ward 8 were more likely to live with someone who has a problem with drinking or an alcoholic (Table 10).

Table 10. Adverse Childhood Experience by Demographics and Ward
 “Did you live with anyone who was a problem drinker or alcoholic?”

	N	Yes PERCENT
TOTAL	3653	22.1
GENDER		
Male	1458	20.5
Female	2195	23.6
AGE		
18-24	83	22.4
25-34	389	18.5
35-44	515	23.1
45-54	648	26.5
55-64	862	25.3
65+	1156	14.4
RACE/ETHNICITY		
Caucasian/White	1819	20.6
African American/Black	1427	25.2
Other	199	18.9
Hispanic	125	12.9
EDUCATION		
Less than High School	225	30.9
High School Graduate	517	18.8
Some College	522	28.1
College Graduate	2377	20.5
INCOME		
Less than \$15,000	279	27.3
\$15,000-\$24,999	331	19.8
\$25,000-\$34,999	249	15.8
\$35,000-\$49,999	305	17.6
\$50,000-\$74,999	390	20.9
\$75,000 and over	1673	23.8
WARD		
Ward 1	285	23.5
Ward 2	315	19.1
Ward 3	650	19.2
Ward 4	456	22.1
Ward 5	335	24.0
Ward 6	409	26.2
Ward 7	305	24.6
Ward 8	278	28.0

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

ALCOHOL AND TOBACCO USE

Few studies address the correlation between alcohol and tobacco use despite the fact that 80 to 95% of alcoholics smoke cigarettes. ²¹ The National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimates that alcoholism is 10 to 14 times more prevalent among smokers than non-smokers. Other studies estimate that roughly 70% of alcoholics are classified as “heavy smokers”, smoking more than one pack a day. ²¹

Since the ending of Prohibition in 1933 alcohol has been a legal substance despite its association with injuries, traffic accidents, long-term health ailments and death. The discussion of alcohol is less prevalent when compared to tobacco and other illicit drugs such as cocaine, heroin and PCP. Alcohol and tobacco are among the top three (3) leading causes of preventable death in the United States ²², and are often used together.

Unlike alcohol, tobacco has transformed how health professionals and legislators viewed the long-term effects to reduce smoking. Health professionals have implemented policies and standards to decrease advertising exposure and legislators increased price and taxes of cigarettes. More has been done to ensure that individuals who smoke know the health consequences of tobacco use; whereas, alcohol education is greatly focused on individuals who drink and drive and binge drinking among college students. Some of the key behaviors related to alcohol remain a part of health and legislators fight to reduce or eliminate rape, aggression and violence in addition to physical health effects such as cirrhosis of the liver, depression and its associated effects.

According to the 2010 BRFSS survey results, respondents who were classified as binge and heavy drinkers were also more likely to be smokers (Table 11).

Table 11. BINGE AND HEAVY DRINKER BY CURRENT SMOKER				
	N	Binge Drinker	N	Heavy Drinker
Current Smoker		YES		YES
No	3351	13.7	3324	5.3
Yes	521	25.0	521	10.3

Bivariate Analysis - Pearson Correlation: Direct correlation between smoking and binge and heavy drinking at p-value 0.01 level of significance
 Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

ALCOHOL AND SEXUAL ORIENTATION

Sexual orientation refers to a person’s identity based on attraction, emotional, romantic and sexual interest. Sexual orientation is commonly defined in terms of three categories: heterosexual (having emotional, romantic, intimate or sexual attractions to individuals of the other sex); gay/lesbian (having emotional, romantic, intimate or sexual attractions to individuals of one’s own sex), and bisexual (having emotional, romantic, intimate or sexual attractions to both men and women). ²³

Many individuals who classify themselves as lesbian, gay, bisexual and/or transgender (LGBT) face discrimination at alarming rates. As a result, many try to suppress their identity feeling as though society and their families will not accept them based on their sexual orientation. Many become depressed and engage in risk behaviors that are not advantageous to their overall health and quality of life. Alcohol provides many individuals with a false sense of escape and security in relation to their everyday or momentary problems and it is that belief that continues the cycle of abuse.

According to the 2010 BRFSS results, respondents who classify themselves as bisexual or homosexual were more likely to be binge and heavy drinkers compared to heterosexuals (Table 12).

Table 12. BINGE AND HEAVY DRINKING BY SEXUAL ORIENTATION

Sexual Orientation	Binge Drinking		Heavy Drinking	
	N	Yes	N	Yes
Heterosexual	3043	15.5	3020	6.4
LGBT	336	25.9	336	9.0

Bivariate Analysis - Pearson Correlation: Direct correlation between sexual orientation and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Bias/Hate Crime

A hate crime is any criminal act or attempted criminal act directed against a person based on the actual or perceived race, nationality, religion, gender, disability, or sexual orientation.²⁴ A hate incident is a non-criminal act committed against a person or property based on a person's actual or perceived race, nationality, religion, gender, disability, or sexual orientation.²⁴ Based on types of bias crimes ones sexual orientation was the likely cause of a hate crime (Table 13). Stereotypes, discrimination and violence towards the LGBT community remain a critical problem prevalent among binge and heavy drinkers. Not being accepted among ones peers based on sexual orientation could elevate dangerous risky behaviors such as high consumption of alcohol, tobacco, illicit drugs, thoughts and attempts of suicide.

Table 13. BIAS/HATE CRIME

TYPES OF BIAS	2010	2009	2008	2007	2006	2005
Ethnicity/National Origin	4	3	2	2	3	1
Race	14	2	5	4	8	6
Religion	4	0	0	6	5	7
Sexual Orientation	35	30	26	19	36	29
Gender Identity/Expression	10	5	4	7	0	0
Disability	0	0	0	0	0	0
Political Affiliation	1	1	2	1	1	1
Homelessness	0	0	0	0	0	0

Bias-Related Crimes-

Source: District of Columbia Metropolitan Police Department.

FETAL ALCOHOL SYNDROME

One of the short and long-term effects and consequences of alcohol is how it affects a fetus. When a woman consumes alcohol during pregnancy, she increases the chances that her unborn child will develop growth problems, distinctive facial features, learning and behavior problems. Some research have indicated that alcohol at small levels are not harmful to the fetus; however, there is no conclusive evidence. In fact, some of the long term-affects of alcohol to a fetus may be more apparent as the child ages and certain behavior problems progress.

A CDC study looked at a population of 345,076 women aged 18–44 years, which included 13,880 (4.0%) pregnant women and 331,196 (96.0%) women who were not pregnant.²⁵ Prevalence estimates for any alcohol use in the past 30 days during 2006–2010 were 7.6% among pregnant women and 51.5% among nonpregnant women. The 2006–2010 prevalence estimates for binge drinking in the past 30 days were 1.4% among pregnant women and 15.0% among nonpregnant women.²⁵ Among pregnant women, those aged 35–44 years reported the highest prevalence of any alcohol use (14.3%) compared with women aged 18–24 years (4.5%). Among pregnant women, the odds of reporting binge drinking were nearly two and a half times greater among those who were employed compared with those who were not employed, and even greater for those who were unmarried compared with those who were married.²⁵

Alcohol Use among Women of Childbearing Age - United States, 1991-2005

Overall, 12.2% of pregnant women (about 1 in 8) reported any alcohol use in the past 30 days. This rate has remained

stable over the 15 year period. Pregnant women most likely to report any alcohol use were 35-44 years of age (17.7%), college graduates (4.4%), employed (13.7%) and unmarried (13.4%).²⁵

ALCOHOL AND DEPRESSION

Many individuals drink alcohol to “drown their sorrows” after a death, bad breakup, job loss, or other major life stressors. Alcohol does have a sedative effect on the brain.²⁶ A few beers or glasses of wine can seem to relieve anxiety and make an individual feel more relaxed and calm.²⁶

According to the NIAAA, nearly a third of people with major depression also have an alcohol problem. In many cases, depression may occur first. Depression can be a significant trigger for alcohol use in women, who are more than twice as likely to start drinking heavily if they have a history of depression.²⁶

Consuming small levels of alcohol when feeling stressed is common but dangerous when suffering from depression. Individuals who are depressed and turn to alcohol to relieve or escape unresolved issues or situations only elevate their depression and in many cases become dependent. Although there are situations that may be stressful, abuse of alcohol has never solved any unresolved issues but has increased potential negative affects that are associated with an individual’s social life and health, which can ultimately lead to death.

According to the BRFSS 2009* results, respondents who were diagnosed with depression were less likely to be binge drinkers but more likely to be heavy drinkers (Table 14).

Table 14. BINGE AND HEAVY DRINKING BY DEPRESSION				
Depression*	N	Binge Drinker	N	Heavy Drinker
		YES		YES
Yes	394	18.4	389	10.0
No	1510	21.0	1494	6.4

Bivariate analysis - Pearson Correlation - Direct correlation between depression and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2009

*Most recent data available

ALCOHOL, SEXUAL ASSAULT AND INTIMATE PARTNER VIOLENCE

In the United States, 1 in 5 women and 1 in 71 men report that they have experienced an attempted or completed rape in their lifetime.²⁷ In addition, nearly 1 in 2 women and 1 in 5 men report that they have experienced sexual violence victimization other than rape in their lifetime.²⁷ Victims of rape, sexual assault and intimate partner violence consume alcohol at higher rates than non-victims in an effort to suppress or attempt to relieve their emotional turmoil. Self-medicating in an effort to try and cope with the reality of traumatic event is a common response for most but is not a healthy resource. Victims of sexual violence are often consumed with suicidal thoughts, become fearful, depressed and anxious.²⁷ Without the proper support and treatment alcohol abuse may be the start of negative behaviors that impedes the healing process.

Sexual violence is a serious health problem that goes underreported because many victims are afraid to go to the authorities or tell a friend or family member about the incident. Some victims are even blamed for the act which has increased the amount of non-reported assaults. Sexual violence is not always committed by a stranger or someone they rarely know but can be a current or former partner, family member or a person in position of power.

According to the BRFSS 2010 survey, respondents who were touched when they showed or said no were more likely to be heavy and binge drinkers (Table 15). Respondents who were victims of rape were more likely to be binge and heavy drinkers (Table 16). Respondents who were threatened by physical violence were more likely to be a heavy drinkers and not binge drinkers (Table 17). In addition, respondents who were victims of attempted physical violence and hit, slapped, pushed, kicked or hurt were more likely to be binge and heavy drinkers (Tables 18 and 19).

Table 15. Binge and Heavy Drinking by Sexual Violence

Sexual Violence - Past 12 Months has Anyone Touched Sexual Parts of Your Body After you Said or Show That You Did Not Want them To	N	BINGE DRINKER	N	HEAVY DRINKER
		YES		YES
Yes	449	2.5	241	2.9
No	3028	1.5	3212	1.6

Bivariate Analysis - Pearson Correlation: Direct correlation between sexual violence and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Table 16. Binge and Heavy Drinkers and Sexual Violence

Sexual Violence - Sex Without Consent	N	BINGE DRINKER	N	HEAVY DRINKER
		YES		YES
Yes	445	6.6	239	9.8
No	2995	5.7	3179	5.6

Bivariate Analysis - Pearson Correlation: Direct correlation between sexual violence without consent orientation and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

TABLE 17. Binge and Heavy Drinkers by Physical Violence

Threaten With Physical Violence	N	Binge Drinker	N	Heavy Drinker
		YES		YES
Yes	449	12.3	240	16.9
No	2969	12.5	3156	12.2

Bivariate Analysis - Pearson Correlation - There is no direct correlation between sexual orientation and binge and heavy drinking

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Table 18. Binge and Heavy Drinkers by Attempted Physical Violence

Attempted Physical Violence	BINGE DRINKER		HEAVY DRINKER	
	N	YES	N	YES
Yes	450	14.9	240	16.5
No	2965	12.8	3152	12.9

Bivariate Analysis - Pearson Correlation: Direct correlation between attempted physical violence and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Table 19. Binge and Heavy Drinker by Intimate Partner Physical Violence

Intimate Partner Ever Hit, Slapped, Pushed, Kicked, or Hurt	BINGE DRINKER		HEAVY DRINKER	
	N	YES	N	YES
Yes	449	14.9	240	19.6
No	2969	12.8	3155	12.8

Bivariate Analysis - Pearson Correlation: Direct correlation between intimate partner physical violence and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Alcohol and Risky Sexual Behavior

According to the BRFSS 2010 survey, residents who were classified as binge and heavy drinkers were more likely to engage in risky behaviors such as intravenous drugs, being treated for STDs, received money or drugs for sex and had anal sex without the use of a condom (Table 20).

Many youth and adults engage in risky sexual behavior when intoxicated. The engagement can lead to unwanted pregnancies, multiple sex partners, rape and STDs. For example, alcohol use increases the probability of sexual relation when in an intimate setting. Engaging in risky sexual behaviors while intoxicated impairs sound judgement and compromises lives and increase the risk for negative health outcomes, even death.

Table 20. Binge and Heavy Drinker by Risky Sexual Behaviors

RISKY BEHAVIORS	N	BINGE DRINKER	N	HEAVY DRINKER
		YES		YES
Yes	418	9.5	183	12.3
No	2155	5.8	2374	6.0

Bivariate Analysis - Pearson Correlation: Direct correlation between risky sexual behaviors and binge and heavy drinking at p-value 0.01 level of significance

Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010

Alcohol and Suicide

More than 36,000 people in the United States die by suicide every year. It is also the 10th leading cause of death in the U.S. and is often characterized as a response to a single event or set of circumstances.²⁸ The factors that contribute to any particular suicide are diverse and complex, and understanding the dynamics must be adequately and properly approached.

Suicide is a severe public health problem that has a significant long-term effect on individuals, families and communities. Suicide is very complex and trying to address many of the mental contributors or life stressors is one that requires a multifaceted approach.

According to the CDC, 96% of alcoholics who die by suicide continue their substance abuse up to the end of their lives. Also, alcoholism is a factor in about 30% of all completed suicides.²⁸

ADVERTISING, REVENUES AND SALES



REVENUES

Alcohol generates millions of dollars per year contributing to the operation of many city services and projects such as roads, health and safety efforts. In the District of Columbia revenue from alcohol in 2011 was \$5,630,000 and in 2010, \$5,717,000.²⁹ During hard economic times, many legislators look for ways to increase revenues to sustain city budgets. Alcohol is one avenue that has been used to increase revenues by increasing the hours that alcohol can be served as well as the days alcohol can be sold. Unfortunately, this decision can come at a cost to the safety and health of residents and visitors.

In 2006, excessive alcohol consumption cost the United States \$223.5 billion or about \$1.90 per drink.³⁰ Almost three-quarters of these costs were due to binge drinking.³⁰ Researchers found that the cost of excessive drinking was far-reaching, reflecting the effect that this dangerous behavior has on many aspects of the drinker's life as well as on the lives of those around them. The costs largely resulted from losses in workplace productivity (72% of the total cost), health care expenses for problems caused by excessive drinking (11% of total), law enforcement and other criminal justice expenses related to excessive alcohol consumption (9% of total), and motor vehicle crash costs from impaired driving (6% of the total).³⁰

ADVERTISEMENT

Advertisement has become a creative tool for alluring individuals to drink. Even though it is not the presume intent of the alcohol industry to target individuals under the age of 21 years to drink, various print ads, television and radio advertisements, for example, may present a contradictory perception. Celebrities are often used to promote products for the alcohol industry and the celebrities of choice are some of the youth's favorite artist, who give the perception to youth that drinking is cool, sexy or enables them to have more fun. Unlike tobacco, alcohol has yet to receive the media and health priorities beyond binge drinking among college students and drinking and driving.

As a community it is naive to believe that children are not exposed to alcohol advertisements or watching TV during hours when they have been prohibited. With the Internet and social media, youth today are far more exposed to negative or age inappropriate advertising than the previous five years. More education and regulations on alcohol should be considered based on the success of some tobacco regulations regarding the advertising interest of the product. Removing alcohol ads from TV and window displays, while it will not eliminate the problem it is a positive

strategic step in decreasing early onset of alcohol use among youth.

According to an analysis from the Center on Alcohol Marketing and Youth (CAMY), youth exposure to alcohol advertising on U.S. television increased 71 percent between 2001 and 2009, more than the exposure of either adults ages 21 years and above or young adults ages 21 to 34 years. By 2009, the majority of youth exposure to advertising for all alcoholic beverages on cable was occurring during programming that youth ages 12 to 20 years were more likely to be watching than adults 21 years and older.³¹

Key findings of the CAMY report were:

- The average annual number of alcohol ads seen by youth watching television increased from 217 in 2001 to 366 in 2009, approximately one alcohol ad per day.³¹
- In 2009, 13 percent of youth exposure came from advertising placed above the industry’s voluntary 30 percent threshold.³¹
- In 2009, 44 percent of youth exposure came from advertising that overexposed youth (i.e., was more likely to be seen per capita by youth ages 12 to 20 years than by adults ages 21 years and above) compared to persons of legal purchase age (21 and above).³¹
- In 2009, five cable networks were more likely to expose youth per capita to alcohol advertising than adults 21 years and above: Comedy Central, BET, E!, FX and Spike. Two of these—Comedy Central and BET—delivered more exposure to youth than to young adults ages 21-34 years.³¹
- In 2009, 12 brands (8 percent) generated half of youth overexposure: Miller Lite, Coors Light, Captain Morgan Rums, Bud Light, Samuel Adams Boston Lager, Miller Genuine Draft Light Beer, Crown Royal Whiskey, Corona Extra Beer, Disaronno Originale Amaretto, Smirnoff Vodkas, Miller Chill and Labatt Blue Light Beer.³¹
- From 2001 to 2009, youth were 22 times more likely to see an alcohol product ad than an alcohol company-sponsored “responsibility” ad whose primary message warned against underage drinking and/or alcohol-impaired driving.³¹

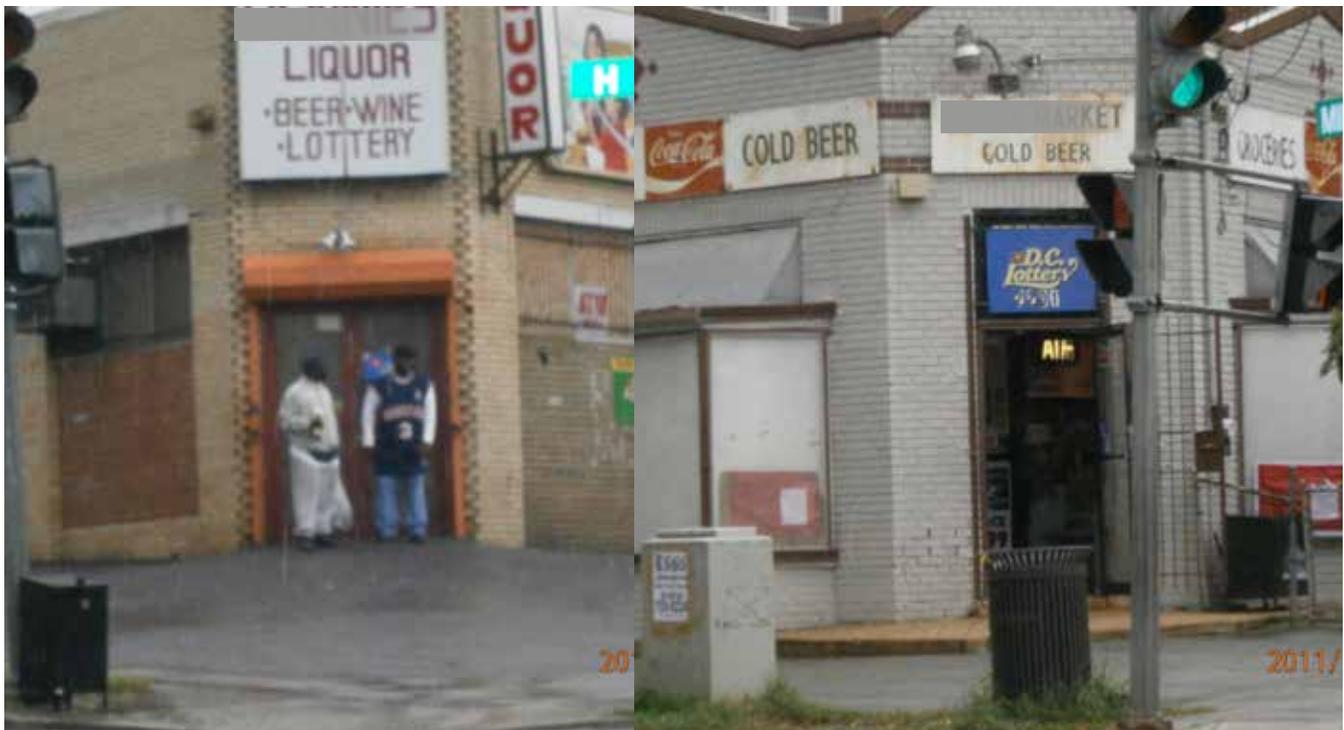
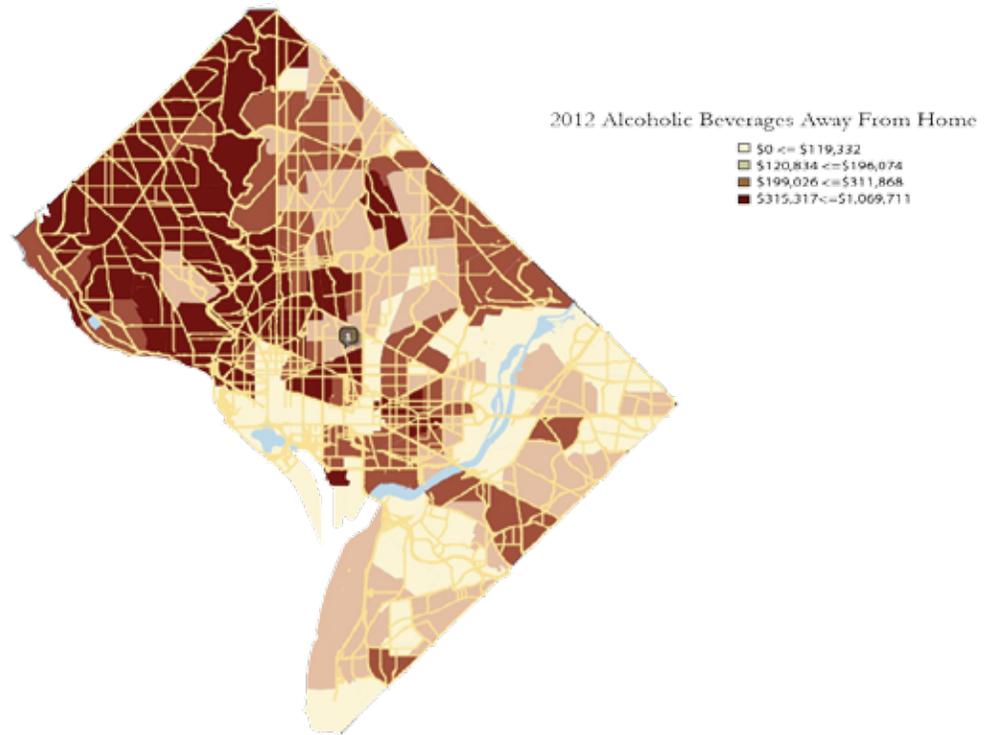


Figure 8. Alcohol Beverage Expenditures Away From Home

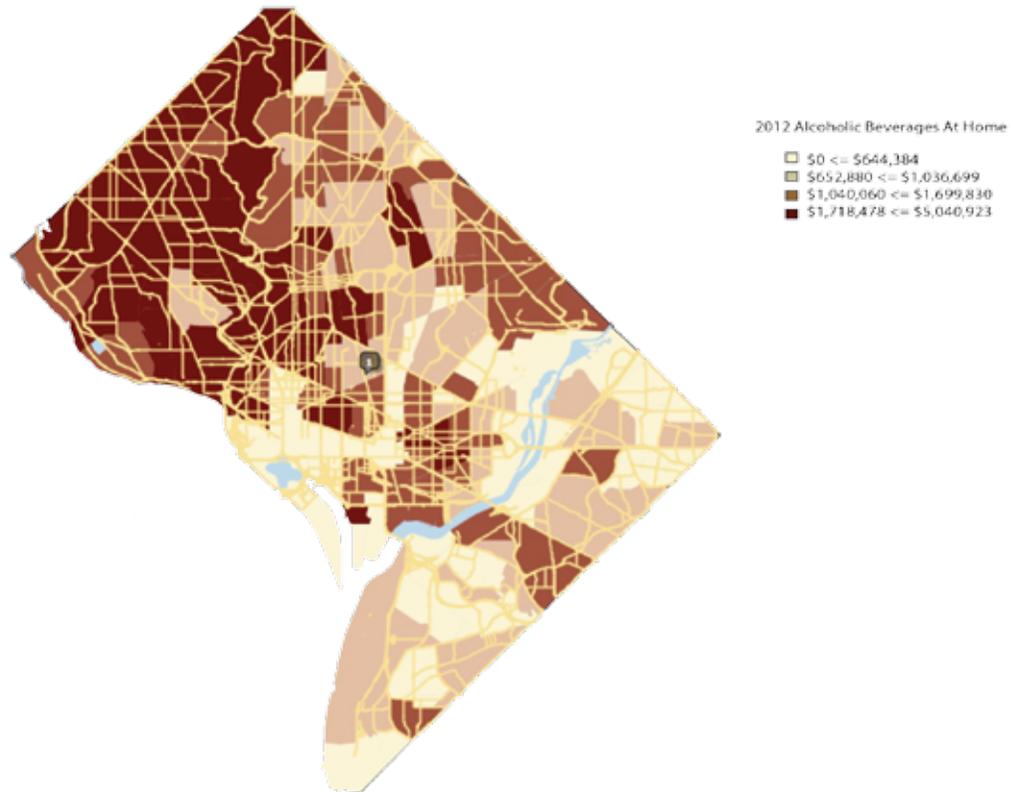


Source: Directors for Health Promotion and Education (DHPE)

Expenditures on DC Alcoholic Beverages Away From Home By Census Tracts, 2012

Figure 8 shows low alcoholic beverage expenditures at about \$119,332 are shown as white census tracts in Wards 2, 4, 5, 6, 7 and 8. Moderate alcoholic beverage expenditures, \$120,834 - \$196,074 are shown in pink census tracts in all wards, but mostly in Wards 4, 5, 7 and 8. High alcoholic beverage expenditures are shown as light-brown census tracts at \$199,026 - \$311,888 mostly in Wards 1, 3, 4 and 5. The highest alcoholic beverage expenditures \$315,317 – 1,089,711 are shown as brown census tracts mostly in Wards 1, 3, 4 and 5.

Figure 9. Alcohol Beverage Expenditures

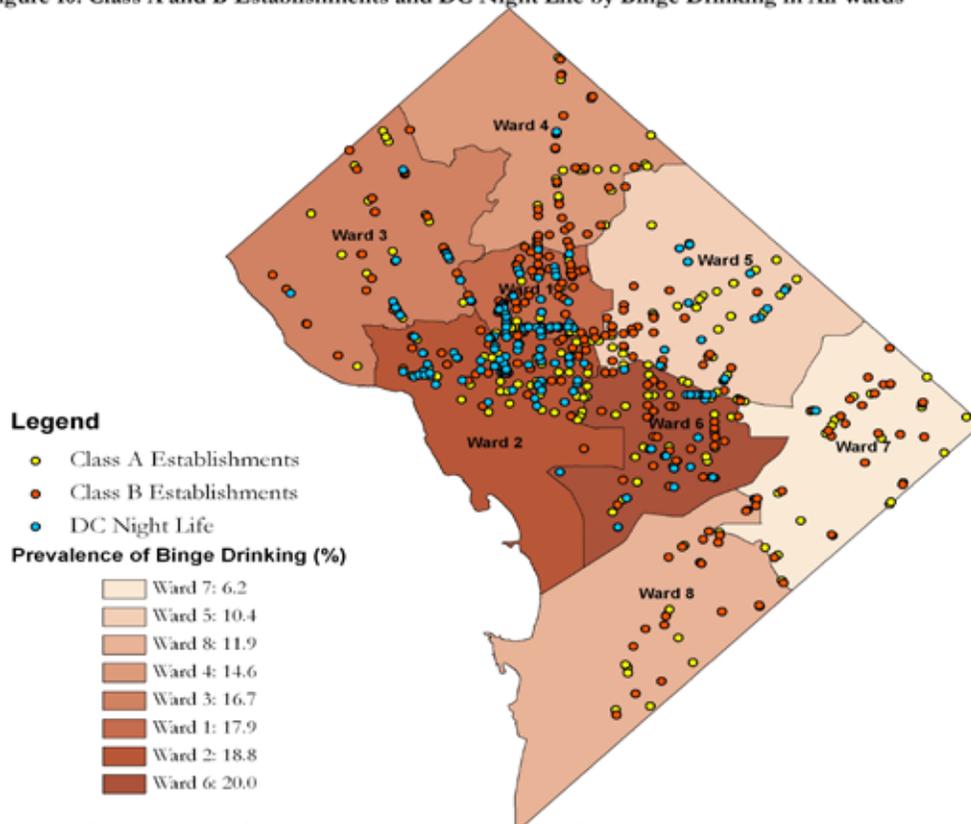


Source: Directors for Health Promotion and Education (DHPE)

Expenditures on DC Alcoholic Beverages At Home By Census Tracts, 2012

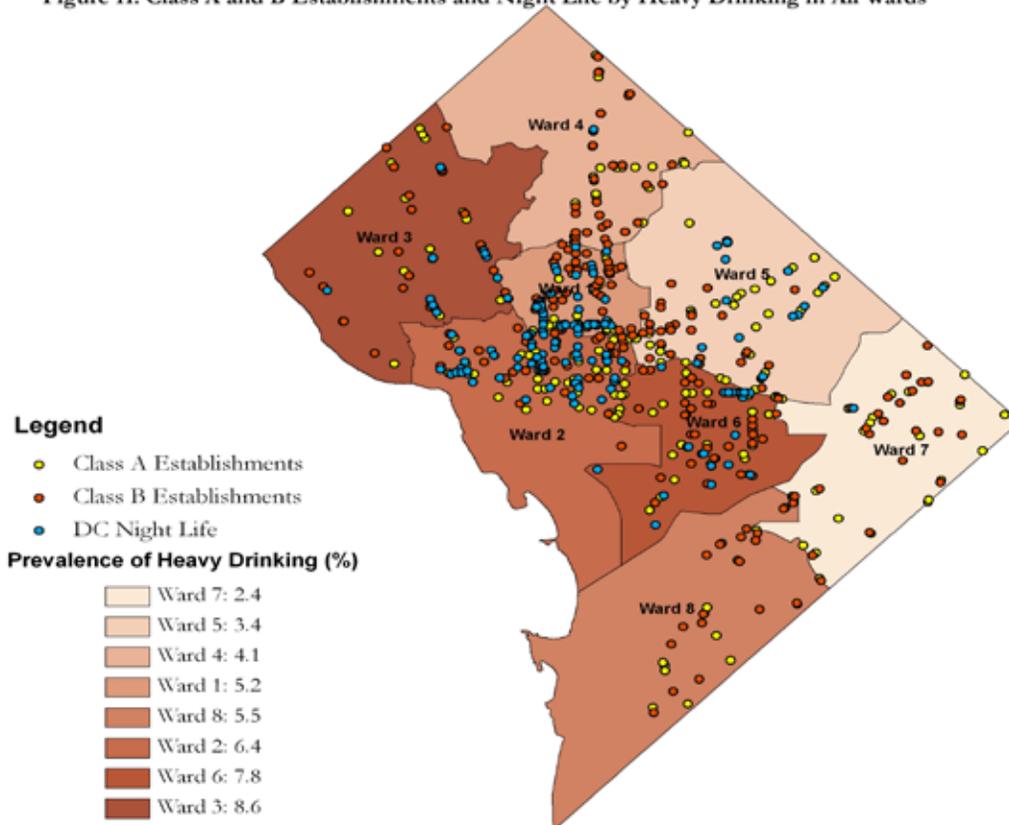
Low alcoholic beverage expenditures, \$644,384 in are shown as white census tracts in Wards 2, 4, 5, 6, 7 and 8 (Figure 9). Moderate alcoholic beverage expenditures, \$652,880 - \$1,036,699 are shown as pink census tracts in all Wards, but mostly in Wards 4, 5, 7 and 8. High alcoholic beverage expenditures, \$1,040,060 - \$1,699,830 mostly are shown as light-brown census tracts in Wards 1, 3, 4 and 5. The highest alcoholic beverage expenditures \$1,718,478 – 5,042,923 mostly are shown as brown census tracts in Wards 1, 3, 4 and 5.

Figure 10. Class A and B Establishments and DC Night Life by Binge Drinking in All Wards



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010, Health Licensing and Regulation Administration, Food and Safety and Alcohol Beverage and Regulatory Administration

Figure 11. Class A and B Establishments and Night Life by Heavy Drinking in All Wards



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010, Health Licensing and Regulation Administration, Food and Safety and Alcohol Beverage and Regulatory Administration

NIGHTLIFE ESTABLISHMENTS, CRIME AND DRINKING AND DRIVING



NIGHTLIFE ESTABLISHMENTS

The District of Columbia has amazing after hour establishments that have brought business and diversity to the city. Many individuals from the surrounding jurisdictions, such as Maryland and Virginia, enjoy the various options of entertainment that the District has to offer.

Having a city with a vibrant nightlife can also breed criminal activities such as car thefts, disorderly conduct and drinking and driving. Over the years, many of the night life establishments have been closed due to violent activities that transpire within or surrounding establishments that serve alcohol.

In the District of Columbia, the Metropolitan Police Department (MPD) has an increased number of officers who are visible and patrol areas where there are large nightlife attractions such as Adams Morgan, U Street and Georgetown (Figures 12 and 13 and Table 22). Officers observe individuals who may be intoxicated to ensure that they do not get behind a wheel of a vehicle. Individuals traveling in groups are observed to ensure that the driver of the vehicle is not intoxicated. Further, there are officers in many of the nightlife establishments ensuring the safety of residents and visitors, in addition to observing no one under the age of 21 years is served or consuming any type of alcoholic beverage.

Nightclub Basic Operations

Hours of operation - Regulation 25-723(b) and (c); 25-724. Like other on-premises retailers, nightclubs may operate and sell/serve alcoholic beverages on the premises during the following hours (Table 21).

Table 21. Nightclub Basic Operation	
Monday - Thursday	8:00 a.m. - 2:00 a.m.
Friday - Saturday	8:00 a.m. - 3:00 a.m.
Sunday	10:00 a.m. - 2:00 a.m.
Exception: January 1	Until 4:00 a.m.
The Day Preceding a Federal or District Holidays	Until 3:00 a.m.

Note: Nightlife establishments are clubs, bars or restaurants with live entertainment

Source: Alcohol Beverage and Regulation Administration (ABRA)

ABRA REGULATION

Sales of alcoholic beverages to intoxicated persons - Regulation 25-781. ABC regulations forbid any retail licensee from selling or serving alcoholic beverages to intoxicated persons or those who appear to be intoxicated. If you are discovered to be doing so, you will likely face penalties by the ABC Board.

Back-up drinks - Regulation 25-741. You may not serve a second alcoholic beverage to a patron who has not yet finished a previously ordered drink. *Backup drinks* include:

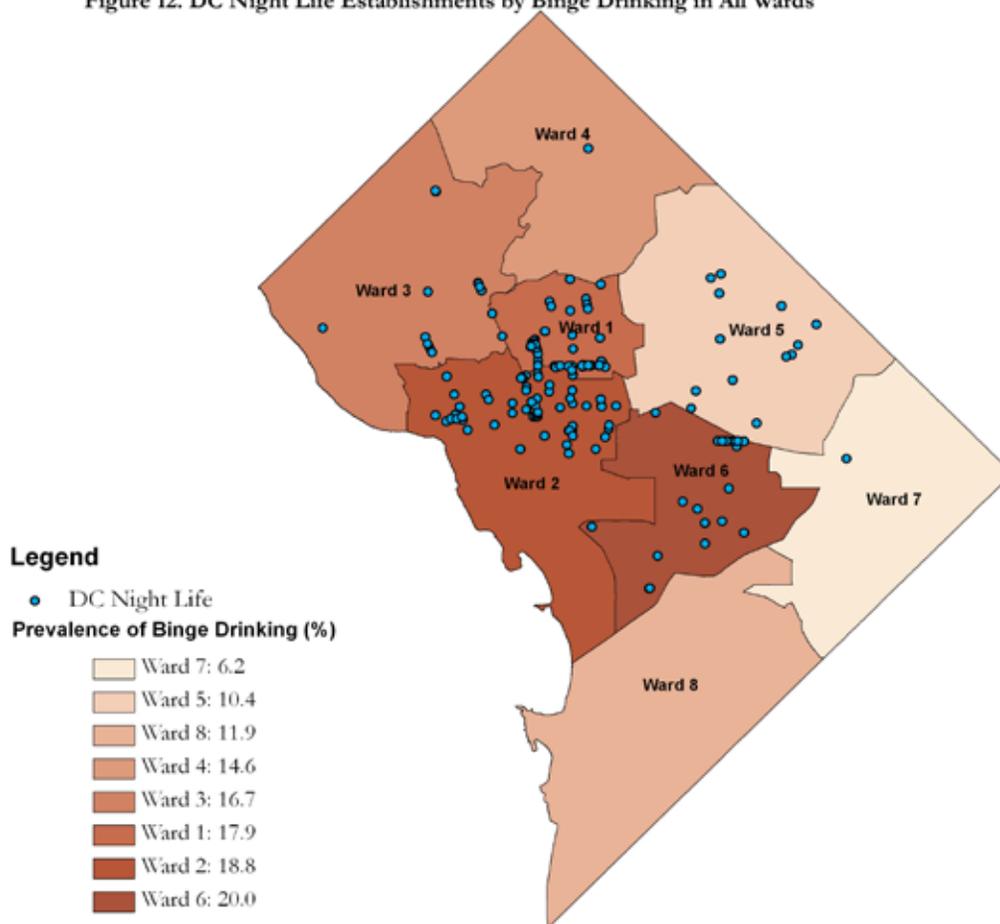
- Second drinks served as part of a two-for-one promotion
- Second drinks served just prior to last call.

Second drinks that you provide for free or are purchased for one patron by another.

Note that back-up drinks do not include two different drinks served together, such as a beer and a shot, or any other industry drink that can be considered a shot and a mixer (e.g., a margarita with a shot of tequila). Back-up drinks also do not apply to the service of wine with a meal where the patron has not finished a previously served cocktail

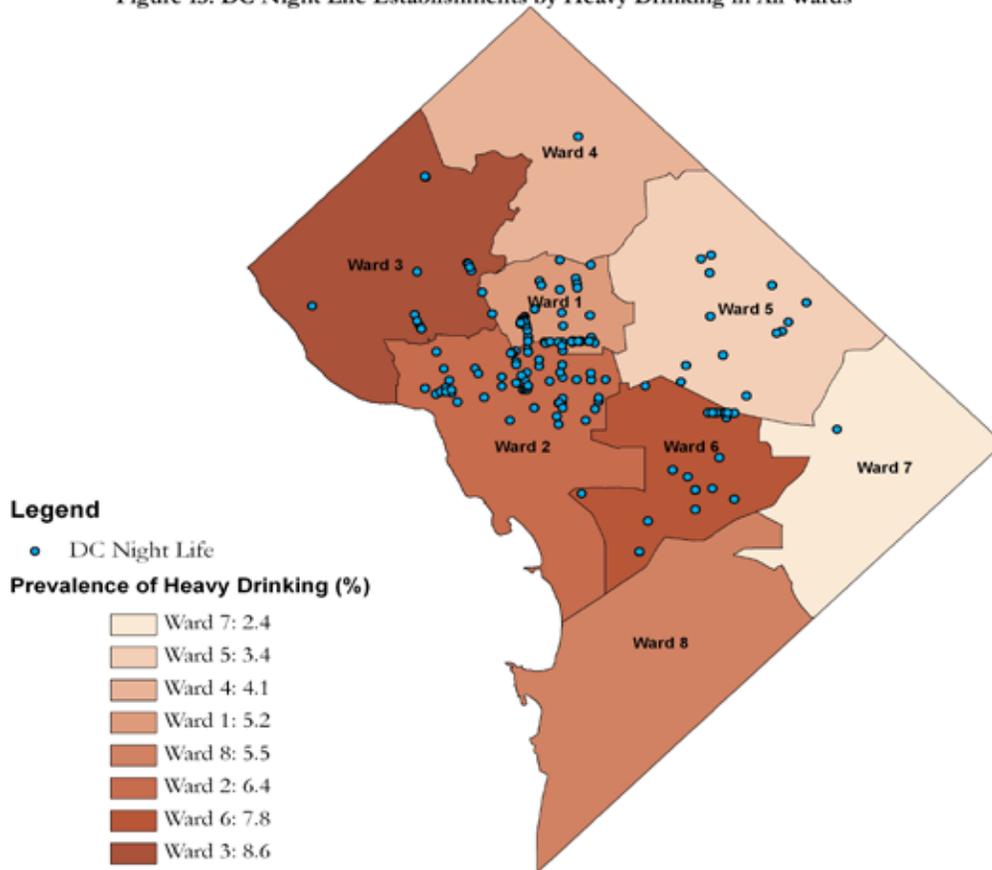
A *nightclub* is an establishment that sells wine, beer, and spirits (Class C nightclub) or simply wine and beer (Class D nightclub) for consumption on the premises. Nightclubs differ from restaurants and taverns in that they focus almost exclusively on providing music, dancing, and alcoholic beverages. In this chapter we will offer tips for addressing characteristics and scenarios that specifically apply to your nightclub license.

Figure 12. DC Night Life Establishments by Binge Drinking in All Wards



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010, Health Licensing and Regulation Administration, Food and Safety and Alcohol Beverage and Regulatory Administration

Figure 13. DC Night Life Establishments by Heavy Drinking in All Wards



Source: DC Department of Health Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2010, Health Licensing and Regulation Administration, Food and Safety and Alcohol Beverage and Regulatory Administration

Table 22. Nightlife Establishments by Ward

WARD	NUMBER OF DOTS IN WARD	NUMBER OF DOTS THAT ARE EXTRA	TOTAL IN WARD
WARD 1	92	0	92
WARD 2	81	3	84
WARD 3	18	0	18
WARD 4	1	0	1
WARD 5	14	0	14
WARD 6	27	0	27
WARD 7	1	0	1
WARD 8	0	0	0

Note: Extra dots may be attributed to the ward changes effective January 2012. The geo-coding was based on the most recent Master Address Repository (Mars) geo-coding system. The ward maps are based on 2002 District ward. The BRFSS data were based on 2010 data and residents' responses were based on the 2002 ward zoning.

DRINKING AND DRIVING

In the United States (U.S.) statutory offenses of driving under the influence of alcohol are Driving While Intoxicating (DWI), Driving Under the Influence (DUI) and Operating a Vehicle While Intoxicated (OWI). The two common offenses that most people are aware of are DWI and DUI. This is based upon a police officer's observations (driving behavior, slurred speech, the results of a roadside sobriety test, etc.). Blood Alcohol Content (BAC) is defined as being intoxicated and gives a means to measure impairment of the driver. Since 2002, it has been illegal in all 50 states to drive with a BAC that is 0.08 or higher.³² Drivers are considered to be alcohol-impaired when their BAC is .08 or higher. In 2009, in the U.S. there were 10,839 fatalities in crashes involving a driver with a BAC of .08 or higher – 32 percent of total traffic fatalities for the year.³²

One of the most dangerous behaviors an individual can engage in is drinking and driving. Anytime someone gets behind the wheel of a car even after having one drink jeopardizes the lives of others. Drinking and driving increases the risk of car accidents, highway injuries and vehicular deaths. The District of Columbia like most states have sporting events, bars and nightclubs where alcohol is accessible. Unfortunately, many consume alcohol at these events or establishments and do not have a designated driver and attempt to drive home or their next designation without any hesitation.

According to DrinkingandDriving.org, 53 per 10,000 people are arrested each year in the District of Columbia for (DUI) and 19 per 100,000 people are killed each year due to DUI-related accidents.³³ According to DC MPD arrest data, DUI has increased over the past five years in the District of Columbia with 2011 being the highest at 1,053. Possession of an open container was at its highest within the past five years as of 2011. Drinking in public has seen a decline within the past five years. Individuals refusing to take a DUI test have increase over the past five years and DWIs are the lowest in five years (Table 23).

Table 23. Alcohol Arrest 2007-2011

Calendar Year	Under 21	Drinking in Public	DUI-Alcohol/Drugs	DWI-Liquor/Drugs	DUI-Refusing Test	Possession Open Container of Alcohol
2007	21+	207	611	1171	276	2417
	<21	8	24	51	6	135
2007 Total		215	635	1222	282	2552
2008	21+	203	458	831	248	2276
	<21	9	12	25	4	119
2008 Total		212	470	856	252	2395
2009	21+	198	714	842	273	2180
	<21	5	19	40	3	130
2009 Total		203	733	882	276	2310
2010	21+	248	830	673	337	2216
	<21	6	12	27	4	119
2010 Total		254	842	700	341	2335
2011	21+	145	1037	365	371	2449
	<21	8	9	13	5	139
2011 Total		153	1046	378	376	2588
Grand Total		1,037	3,726	4,038	1,527	12,180

Source: District of Columbia Metropolitan Police Department

In 2010, the Office of the Chief Medical Examiner (OCME) received DUI cases to assist law enforcement with determining toxicities and types of substances. There were 134 cases from the Metropolitan Police Department (MPD); 232 cases from the United States Park Police (USPP) and 25 specimens from the United States Capitol Police (USCP).¹⁹ These cases were not apart of the OCME's actual Medical Examiner cases. Routine toxicological examinations for DUI cases include analyses for alcohols such as ethanol and other volatiles and major class of illicit and prescription medications.²⁰

In all law enforcement cases ethanol, is more likely to be found in someone's system when driving under the influence compared to all other substances.

Table 24. OCME DUI CASES by LAW ENFORCEMENT

Agency	MPD	USPP	USCP
Total Cases	134	232	25
Ethanol	68.7	75.9	56.0
Phencyclidine (PCP)	35.1	22.4	28.0
Marijuana Metabolite	20.9	21.6	24.0
Cocaine	14.9	10.8	24.0
Morphine	22.0	1.3	8.0

Toxicological examinations were performed on driving under the influence (DUI) cases to assist law enforcement agencies in the investigation of such cases. Source: Office of the Medical Examiner, 2010 Annual report

In 2010, there were 25 traffic deaths in the District of Columbia. There were 17 traffic deaths where there were some form of drugs detected by the OCME; seven (18.9%) traffic deaths that were positive for ethanol, four of these deaths were greater than twice the legal limit for driving under the influence (Table 25).²⁰

TABLE 25. TRAFFIC RELATED DEATHS IN THE DISTRICT OF COLUMBIA

Name of Drug	Number of Cases	% of Traffic Cases
Ethanol	7	18.9
Morphine	5	13.5
Cocaine	3	8.1
Marijuana	2	5.4

Source: Office of the Medical Examiner 2010 Annual report

Drinking and driving have contributed to millions of deaths over past decades. Based on the OCME's toxicology analyses drugs play an integral role of more than half of all traffic fatalities in 2010 where ethanol was the primary detected drug. Further, ethanol was more likely to be detected in cases that were not fatalities but were sent to the OCME to assist law enforcement in arrest cases. More is required to ensure the safety of District residents, visitors and pedestrians who utilized the city's streets/roads. Against good judgment, many individuals get behind the wheel of a car after consuming alcohol. Stiffer penalties have been implemented for those who drink and drive and those who aid minors in obtaining alcohol (Table 26).

TABLE 26. PENALTIES FOR DRINKING AND DRIVING

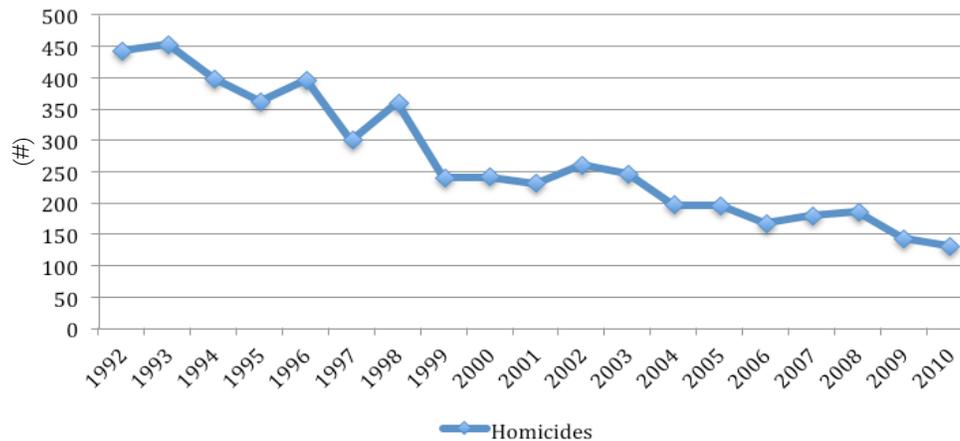
OFFENSE	FINE	JAIL TERM	LICENSE
First DUI/DWI Offense	\$300-\$1,000	Up to 90 days	6 months revocation
Second DUI/DWI Offense	\$1,000-\$5,000	Up to 1 year	1 Year revocation
Third DUI/DWI Offense	\$2,000-\$10,000	Up to 1 year	2 year revocation
Adults/Parents who Aid Minors in Obtaining Alcohol	\$300	None	Up to 90 days revocation
UNDERAGE LAWS AND CONSEQUENCES	FINE	LICENSE	
Drinking and Driving	\$300	6 months	
Possessing, consuming, purchasing alcohol	\$100-\$300	90 days	
Possession of a false ID or altered driver's license	\$100-\$300	90 days suspension	

Source: District of Columbia Metropolitan Police Department Website

CRIME AND ALCOHOL

A city once called the murder capital has seen a decline in homicide over the years. Since the 1990's, the District of Columbia has become a safer place to live. Nevertheless, apprehension about crime persists and the city must continue to address issues of public safety to continue to attract a diverse population. In 2010, there were 132 homicides in the District of Columbia, the lowest in the last 20 years (Figure 14).

Figure 14. Homicides in the District of Columbia 1992-2010



Source: District of Columbia Metropolitan Police Department/Online

Many urban cities encounter an abundance of crime. Contributing factors associated with crime are individuals' socioeconomic status and/or social environment. As a result, many engage in activities that reflect negatively within their communities and on the city as a whole. Crime tends to be most prevalent in areas where there is higher poverty and unemployment rates. According to Table 2, unemployment was most prevalent in Wards 7 and 8. When assessed by crime the same wards had higher crime rates (Table 27). In urban areas, alcohol establishments that are in close proximity to each other tend to create an environment of public discourse and loitering.

In developing this report, all neighborhoods were assessed in relation to surrounding Class A and B establishments. One of the major differences were observed by ward. The diversity of the District wards has two distinct factors: racial/ethnic makeup and socioeconomic status. Differences among the wards were apparent in Wards 2, 3, 7 and 8. Ward 3, which is the most affluent ward of the city and has less crime, had no observed loitering, and the neighborhoods surrounding areas of Class A and B establishments were kept presentable to the public and harmonized in areas with non Class A and B establishments. Wards 7 and 8 which have the highest rate of unemployment and household income between \$25,000 and \$30,000 respectively have a higher percentage of loitering surrounding convenience and alcohol establishments which is an eye-sore for many surrounding neighborhoods. Determining why crime and loitering are vastly different among affluent and poverty-stricken areas have been complex, despite data showing that residents with higher incomes are more likely to be binge and heavy drinkers than those who have lower income.

The amount of Class A and B establishments in close proximity to one another plays a critical role in how communities tend to respond to social activities/entertainment and business development within their communities. Areas in which the community does not protest and seek the assistance from their Council members, ANCs representatives or MPD to aid them in keeping unwanted activity and businesses within their community are factors that could be the striking difference. Owners who allow loitering are sending a message to the residents and visitors that this is a neighborhood in which laws regarding orderly behavior are not enforced.¹ Further, a neighborhood with a large number of alcohol establishments acts as a magnet for people who are more inclined to be violent or disrespectful to passersby.

Overall, in 2010, Wards 7 and 8 had the highest number of homicides, robberies with a gun, assault with a dangerous weapon with and without a gun (Table 27).

TABLE 27. 2010 VIOLENT OFFENSES									
Violent Offenses January 1 through December 31, 2010	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
Homicide	16	2	1	9	20	8	25	49	130
Sex Abuse	20	32	6	16	19	14	22	13	142
Robbery Excluding Gun	497	391	59	306	298	412	328	362	2653
Robbery With Gun	134	66	26	110	201	159	286	302	1284
Assault Dangerous Weapon (ADW) Excluding Gun	236	168	29	198	290	213	360	466	1960
Assault Dangerous Weapon (ADW) Gun	44	11	3	59	95	62	135	186	595

Source: District of Columbia Metropolitan Police Department

In 2010, the OCME accepted 135 homicide cases where toxicology analyses were performed on 134 of those cases. All cases were screened for alcohol and major drugs.²⁰ Drugs were absent in 48 homicide cases. Of the remaining positive cases, 15% had more than one drug present. There were 86 positive cases for some type of drug. While alcohol was not the leading drug found in homicide victims, there was a 1.4% difference between alcohol and marijuana as the most likely drug found by the OCME for homicide (Table 28).²⁰

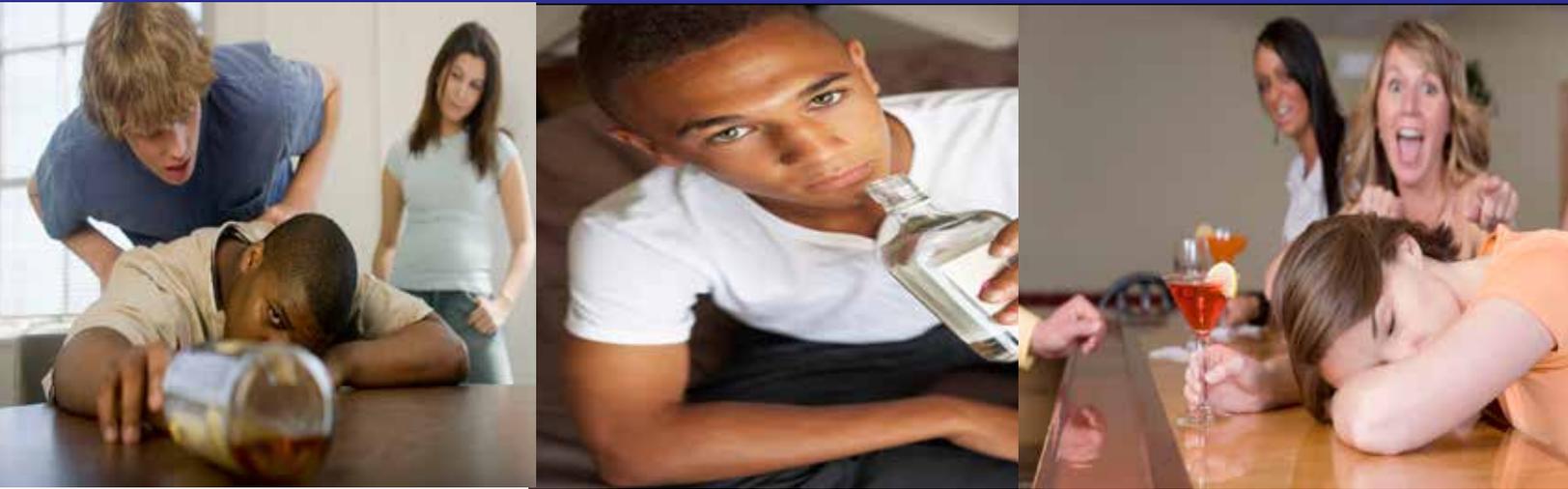
Table 28. HOMICIDES AND DRUGS		
Name of Drug	Number of Cases	% of 134 Homicide Cases
Marijuana Metabolites*	32	23.8
Ethanol	30	22.4
Phencyclidine (PCP)	11	8.2
Cocaine	10	7.4
Morphine	5	3.7
MDMA	3	2.2

*Marijuana metabolites are not confirmed in homicide cases.

Source: Office of Medical Examine. Annual Report

There is an enormous amount of evidence and data that link crime to alcohol and other illicit drugs; however, the policy and regulations that have been implemented and enforced thus far appear to deal with many of the short-term affects of alcohol. It is apparent based on Prohibition that regulating morality was an unsuccessful task. However, limiting resources and increasing education strategies targeted at young and older individuals could be a step in the right direction. Unemployment, poverty and personal responsibility (or lack there of) are the main elements of alcohol consumption.

YOUTH AND ALCOHOL



Youth and Alcohol

Today's youth experience high levels of peer pressure and with the uprise of amenities that are accessible to communities, such as alcohol and tobacco, health consequences and risky behaviors tend to increase such as, drug use, unprotected sex, STD's and unintended pregnancies. As children continue to mature, their social development is molded by their environment. The transition between adolescence and adulthood poses dramatic physical, emotional and lifestyle changes. Unaware of the dynamics of being an adult many adolescents engage in the above mentioned risky behaviors that are harmful to their health and quality of life.

There is sufficient evidence to indicate that alcohol is a significant threat to society. Alcohol can harm every organ in the body; cause grave health effects if consumed over a long period of time. Early consumption of alcohol can create a wedge in development. Like smoking, alcohol is a practice that has captured the younger generation. Consequently, as time progressed, many often speculate what drives children to drink and smoke and to what extent they realize the consequences associated with their actions.

Parental influence can have a major impact on a child's life; as a primary source of guidance, parents are responsible to initiate conversations with their children about the potential risk of alcohol or any potential life-changing situations they may encounter. Many youth struggle to balance the challenges of peer pressure when entering high school and engage in activities that give them a sense of independence. As children progress through their high school years, some parents tend to become relaxed in participating in their child's social activities, resulting in minimum to no supervision. Parents can play a vital role in decreasing the onset of alcohol use by educating their child on the harmful effects and health consequences associated with alcohol. Encouraging their child to become critical thinkers, may be essential and a determining factor in whether a child engages in activities that are harmful to their health.

While many youth will not become alcoholics, they may engage in activities that can alter their lives such as aggressive behavior that can lead to violence, rape, and drinking and driving, which can lead to a tragic incident or fatality. Excessive drinking has major health consequences that can lead to death.

Serving Alcohol To Minors

Establishments that obtain a license in the District of Columbia to sell or distribute alcohol do so knowing the regulations and consequences associated with abuse and violation of that license. During the community assessment of alcohol establishments in close proximity to schools, all establishments had visible signs that they do not serve anyone under the age of 21 years and anyone planning to purchase alcohol must have identification. Based on the information obtained from ABRA, there were violators of this law and three-time offenders. One may argue that the penalties are not tough enough while owners may argue the penalties are too stiff. Serving to minors (under 21 years of age) is illegal and ABRA regulations suggest that carding of all individuals, while not mandatory, should be strongly considered to avoid serving to a minor. All alcohol license holders are required to have ABC manager on site who has gone through ABRA training to ensure compliance of all regulations. Owners have the responsibility to ensure that they are operating their business in accordance with the law and that all precautions are taken to ensure that no one under the legal is served alcohol.

According to data obtain from ABRA, Ward 5 had the highest number Serving To Minor (STM) violations and Wards 3 and 7 had the least violations within the past 3 years.

- In 2009, there were 30 violators of establishments serving to minors (STM); violators were more prevalent in Wards 6 and 8.
- In 2010, there were 46 STM violations; Ward 5 had 11 violations.
- In 2011, there were 30 violations Wards; 1, 2, 4, 5 had five violations a piece.

Data showed that STM violations is a problem but may be more prevalent than what is displayed considering many violators may not have been caught by officials. Stiffer penalties should be considered for those who violate current regulations.

REGULATION

I. ABC Manager on Duty Regulation 23-701; 25-707

Whenever alcohol establishments are actively selling and/or serving alcoholic beverages or has individuals consuming alcoholic beverages, there must be an ABC Manager or owner on duty. ABRA makes no exceptions to this rule. If an ABC Manager and/or owner needs to leave the premises while alcohol is being served and/or sold there must be another approved individual available to take charge. An approved individual includes someone listed on the establishment's ABC application as a managing member (for an LLC), a partner, or an officer of the corporation. If an ABC Manager and/or owner leaves the premises the establishment must cease the sale and/or serving of alcoholic beverages until the ABC Manager or owner returns.

Youth Risk Behavioral Surveillance System (YRBSS)

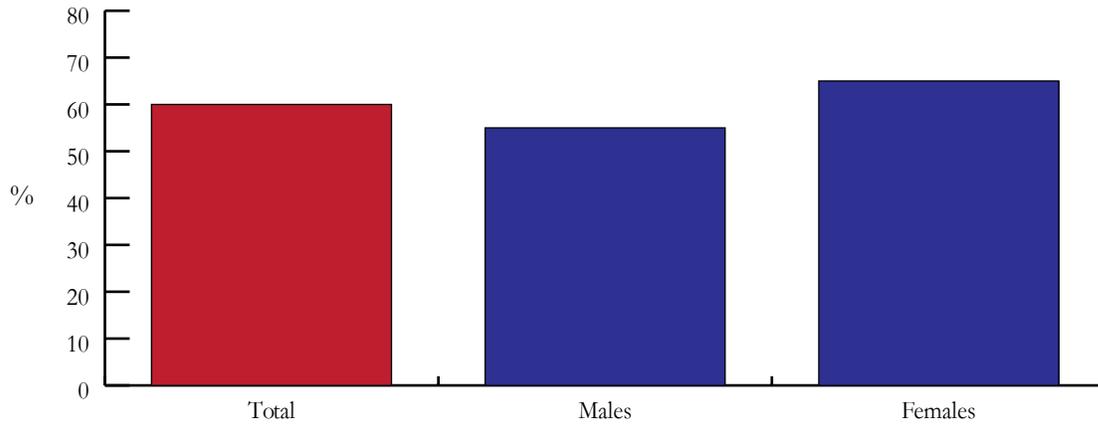
The Youth Risk Behavioral Surveillance System (YRBSS) survey is designed to monitor the health status and risk behaviors of youth in middle to high school. The DC YRBSS is implemented by The Office of the State Superintendent of Education (OSSE). A survey of this magnitude provides schools, health officials and policy-makers with the tools to implement and improve educational programs that are guided to inform and educate children of potential health and life altering consequences that may result from their actions. The YRBSS results can also provide school officials with critical information to make informed decisions on breakfast and lunch menus and how much physical activity would be beneficial to all students. For the 2010, Communities Putting Prevention to Work (CPPW)/YRBSS survey, data collection was only conducted within the DCPS school system.

According to the 2010 CPPW*/YRBSS survey, there were no differences between males and females who drank alcohol on school property. As age increased the onset of alcohol consumption increases. Twelfth graders were more likely to violate school regulations regarding drinking on school property. Males were more likely to try alcohol for the first time before the age of 13. Early education to prevent the onset of alcohol requires a more vigorous approach. Many youth are engaging in activities that may have a long lasting effect on their lives. Data results from the CPPW/YRBSS survey show the following:

- Females were more likely than males to indicate that they had at least one drink of alcohol on at least 1 day during their life, at 65% (Figure 15).
- Ninth graders were less likely than all other grade levels to indicate that they had at least one drink of alcohol on at least 1 day during their life, at 46% (Figure 16).
- Twelfth graders were more likely than all other grade levels to indicate that they had at least one drink of alcohol on school property on at least 1 day (during 30 days) at 9% (Figure 17).
- Twelfth graders were more likely to have indicated that they had five or more drinks of alcohol in a row that is within a couple of hours on one or more occasion during the past 30 days on at least (1 day), at 20% (Figure 18).
- 22% of 9th graders and 26% of 12th graders were more likely than all other grades to indicate that they rode in a car with someone who had been drinking alcohol during the past 30 days of being surveyed (Figure 19).
- Seven percent of 12th graders were more likely than all other grade level to indicated that they drove a vehicle one or more times during the past 30 days when they had been drinking (Figure 20).
- Tenth graders were more likely than all other grades to have indicated that they had their first drink of alcohol other than a few sips before age 13 years, at 25% (Figure 21).
- Overall, 12th graders were more likely than all other grades to indicate that they had a least one drink of alcohol one or more of the past 30 days, at 44%.on one or more of the past 30 days, at 7% (Figure 22).
- Overall, males were slightly more than females to have indicated they had their first drink of alcohol other than a few sips before age 13 years, 22% and 21%, respectively (Figure 23).
- Overall, females were more likely than males to have had at least one drink of alcohol on one or more of the past 30 days, 35% versus 30%, respectively (Figure 24).
- Overall, females were more likely than males to have indicated that they rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol, 24% and 22%, respectively (Figure 25).
- Students who had been sexually assaulted were more likely to also have five or more drinks in the past 30 days compared to those who were not sexually assaulted (Table 29).
- Students who stated that they felt sad and hopeless in the past 12 months were likely to have five or more drinks in the past 30 days (Table 30).
- Students who have tried to commit suicide were also likely to have five or more drinks in the past 30 days (Table 31).
- Students who smoked cigarettes daily for the past 30 days were also likely to have five or more drinks in the past 30 days (Table 32).

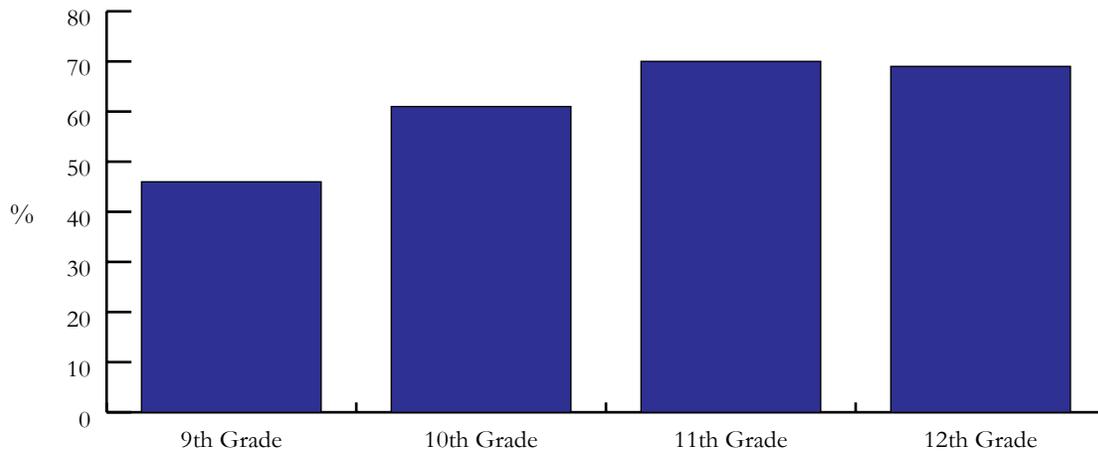
*See methodology section on CPPW

Figure 15. Ever had at least one drink of alcohol on at least 1 days (during their life)?



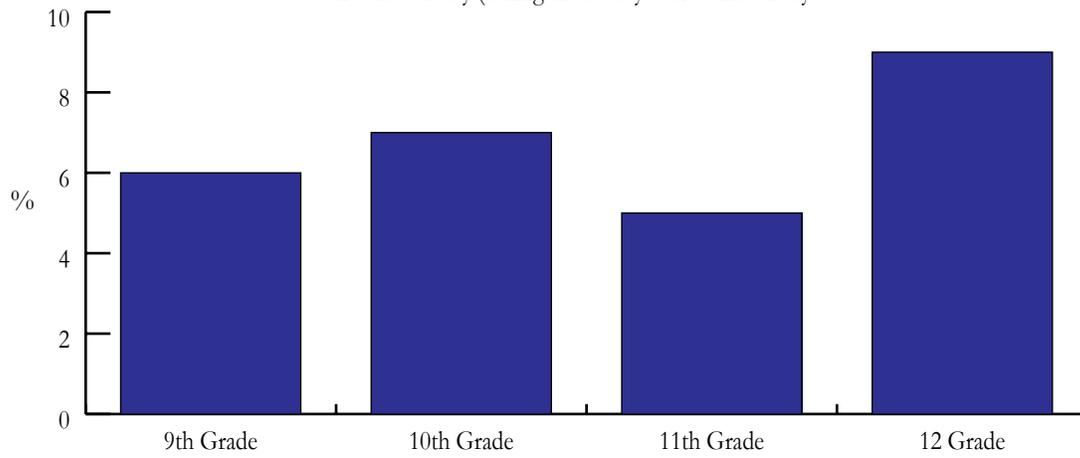
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/ Communities Putting Prevention to Work (CPPW)

Figure 16. Ever had at least one drink of alcohol on at least 1 day (during their life)?



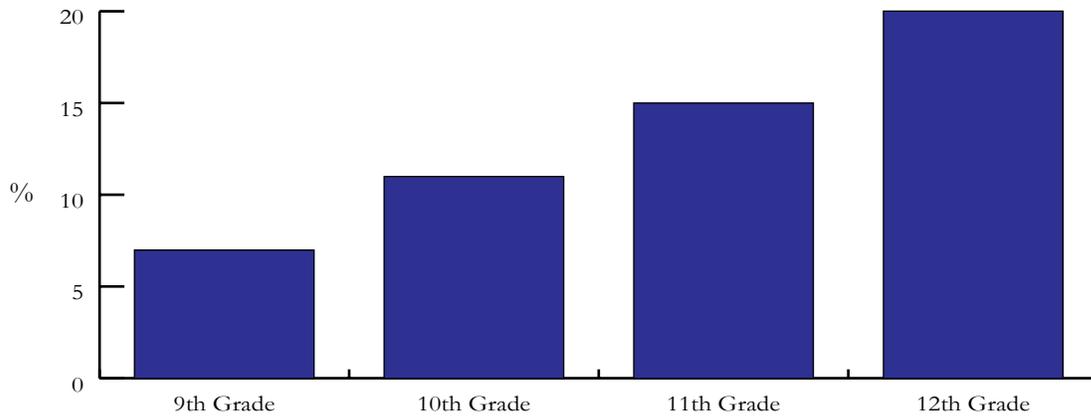
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/Communities Putting Prevention to Work (CPPW)

Figure 17. Students who had a least one drink of alcohol on school property on at least 1 day (during the 30 days before the survey)



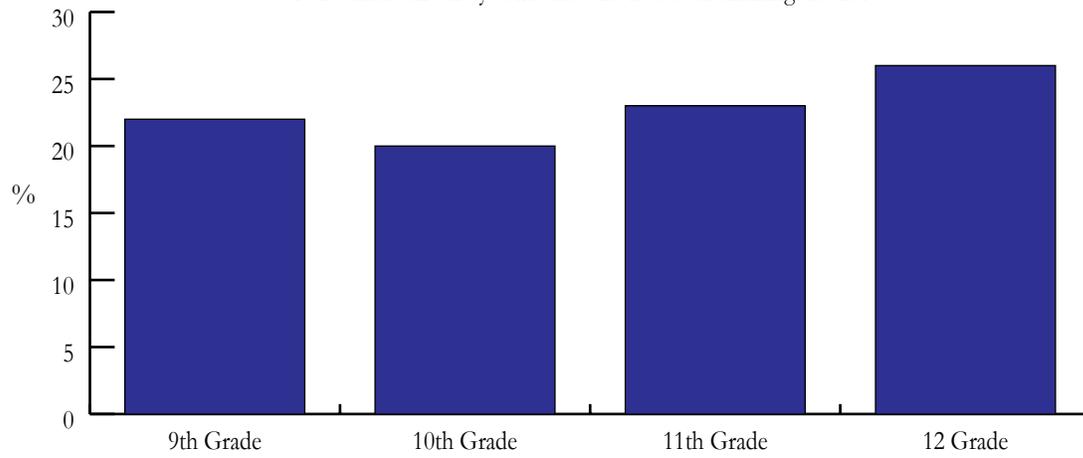
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/ Communities Putting Prevention to Work (CPPW)

Figure 18. Students who had five or more drinks of alcohol in a row, that is within a couple of hours on one more within the past 30 days.



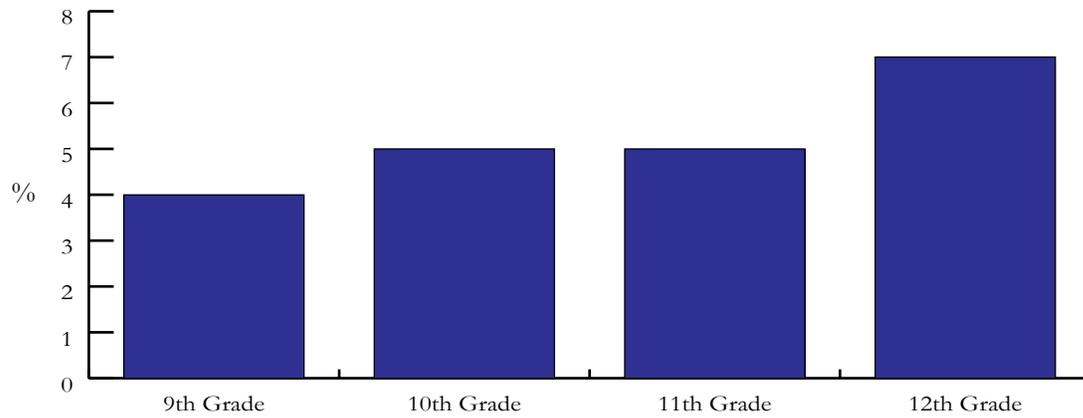
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/Communities Putting Prevention to Work (CPPW)

Figure 19. Students who rode one or more times during the past 30 days in a car or vehicle driven by someone who had been drinking alcohol



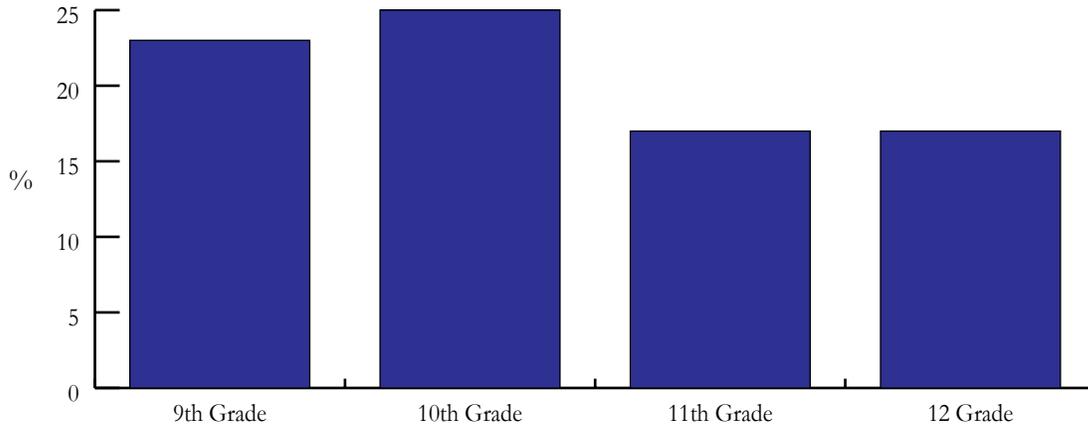
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/ Communities Putting Prevention to Work (CPPW)

Figure 20. Students who drove a car or other vehicle one or more times during the past 30 days when they had been drinking



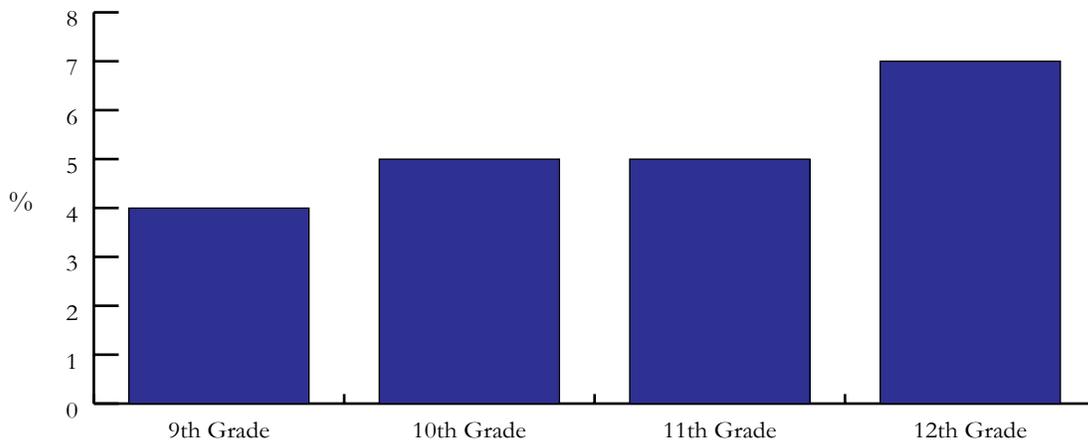
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/Communities Putting Prevention to Work (CPPW)

Figure 21. Students who had their first drink of alcohol other than few sips before age 13 years.



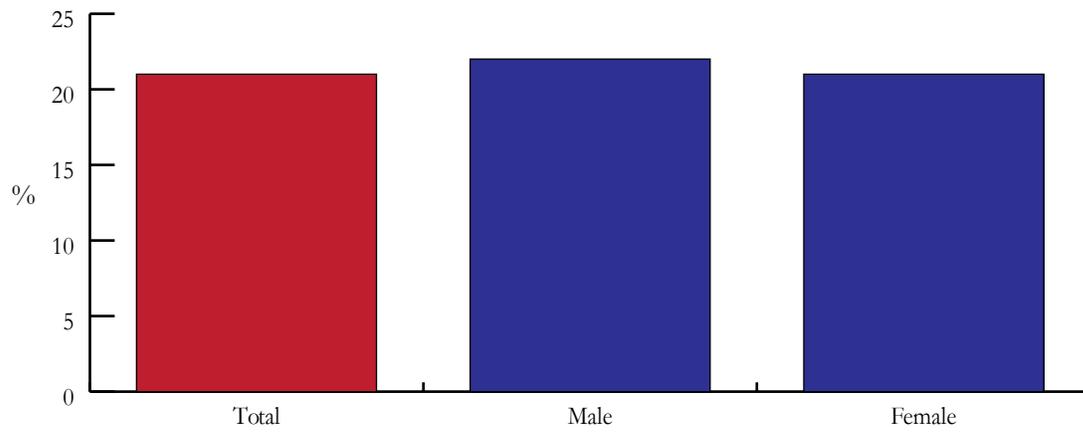
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/ Communities Putting Prevention to Work (CPPW)

Figure 22. Students who had at least one drink of alcohol on one more days of the past 30 days



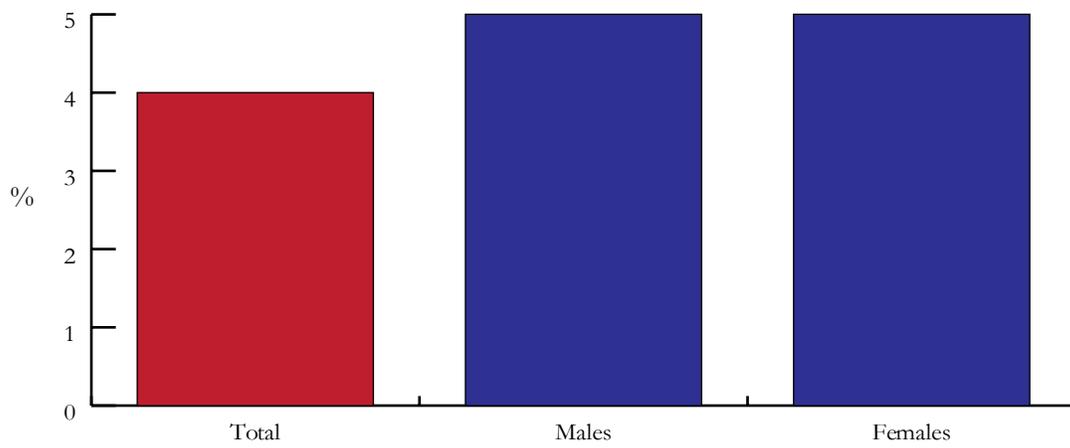
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/Communities Putting Prevention to Work (CPPW)

Figure 23. Students who had their first drink of alcohol other than few sips before age 13 years by gender



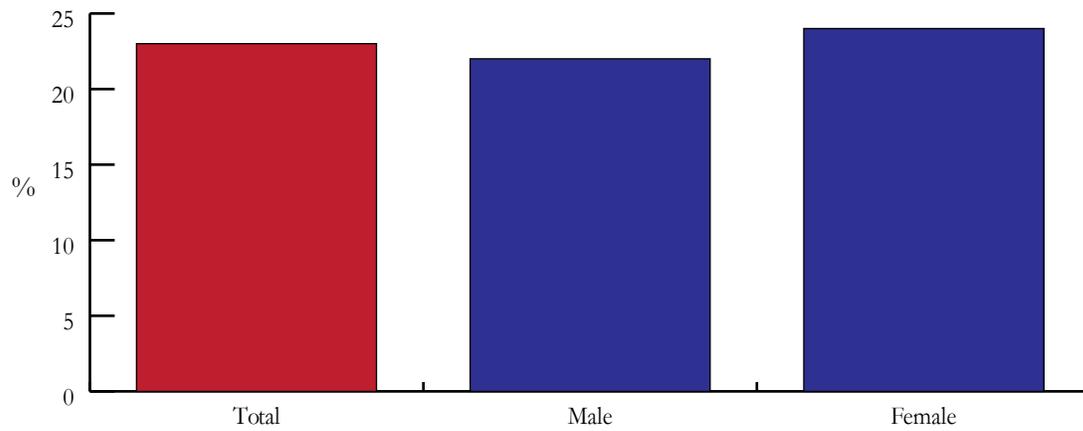
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/ Communities Putting Prevention to Work (CPPW)

Figure 24. Students who had at least one drink of alcohol on one more days of the past 30 days by gender



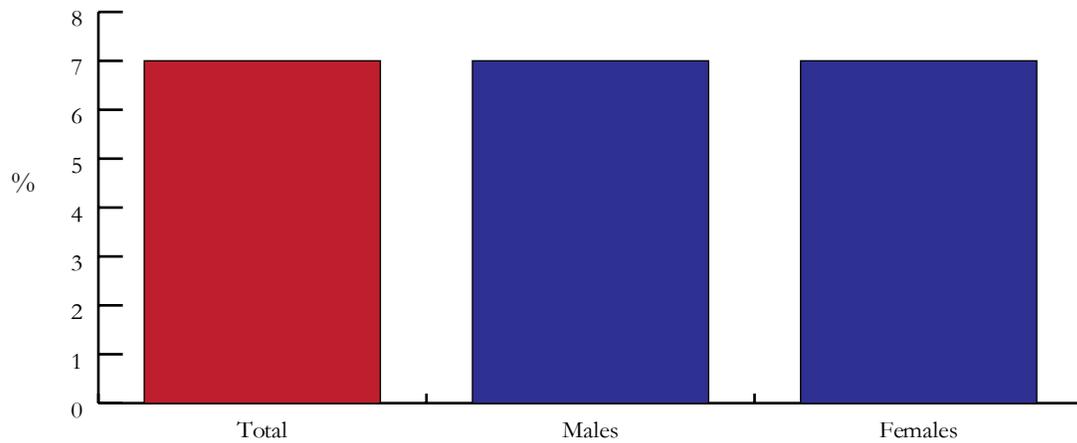
Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/Communities Putting Prevention to Work (CPPW)

Figure 25. Students who rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol by gender



Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/ Communities Putting Prevention to Work (CPPW)

Figure 26. Students who had at least one drink of alcohol on one more days of the past 30 days by gender



Source: 2010 Youth Risk Behavioral Surveillance System (YRBSS)/Communities Putting Prevention to Work (CPPW)

TABLE 29. YOUTH ALCOHOL AND RAPE

	N	Had Five or more Drink Past 30 days	
		Yes	No
Have You Been Forced to Have Sex			
Yes	169	20.1	79.9
No	1125	7.6	92.4

Bivariate Analysis - Pearson Correlation: Direct correlation between forced to have sex and having five or more drinks in the past 30 days at p-value 0.01 level of significance
Source: DC 2010, Youth Risk Behavioral Survey/Community Putting Prevention to Work

TABLE 30. YOUTH ALCOHOL AND MENTAL HEALTH

	N	Had Five or more Drink Past 30 days	
		Yes	No
Ever Feel Sad or Hopeless 12 Months			
Yes	167	38.9	61.1
No	1126	22.3	77.7

Bivariate Analysis - Pearson Correlation: Direct correlation between feeling sad or hopes and drinking five or more drinks during the past 30 days at p-value 0.01 level of significance
Source: Youth Risk Behavioral Survey/Community Putting Prevention to Work 2010

TABLE 31. YOUTH AND ATTEMPTED SUICIDE

	N	Had Five or more Drink Past 30 days	
		Yes	No
Ever Attempted Suicide			
Yes	165	20.6	79.4
No	1128	9.7	90.3

Bivariate Analysis - Pearson Correlation: Direct correlation between attempted suicide and having five or more drinks during the past 30 days at p-value 0.01 level of significance
Source: DC 2010, Youth Risk Behavioral Survey/Community Putting Prevention to Work

TABLE 32. YOUTH AND TOBACCO

	N	Had Five or more Drink Past 30 days	
		Yes	No
Smoked Daily for 30 Days			
Yes	148	21.6	78.4
No	1062	4.9	95.1

Bivariate Analysis - Pearson Correlation: Direct correlation between smoking daily and having five or more drinks during the past 30 days at p-value 0.01 level of significance
Source: Youth Risk Behavioral Survey/Community Putting Prevention to Work 2010

PUBLIC AND CHARTER SCHOOLS AND RECREATION CENTERS CLOSE IN PROXIMITY TO CLASS A AND CLASS B ESTABLISHMENTS



The DC Department of Parks and Recreation (DPR) provides recreation and leisure services for residents and visitors to the District of Columbia. DPR has recreation centers in every ward; therefore, no matter where you live in District of Columbia you are within 2 miles of a DPR recreation center.³⁴ Each ward has at least six facilities with Ward 2 having the least (6) and Ward 5 having the most with 11 (Figure 27). Since the District of Columbia is a relatively small city with less than one million people and approximately 68 sq miles the city is challenge with ensuring that all current Class A and B establishments are kept a minimum of 400ft away from schools, recreation centers, colleges and universities.

Over the past five years, the DPR facilities have gone through reconstruction to ensure that the needs of the community are met. The new facilities are accessible and safe, providing residents with a variety of coordinated activities: for example, swimming, sports and exercise facilities.³⁴ These facilities see increase in utilization especially during the summer months and the height of sports season.

The DOH conducted an assessment by miles to determine close proximities to DPR facilities and Class A and B establishments. Most Class A and B establishments are open during the same time frame as DPR facilities, so youth are exposed to some of the advertising and unlawful behavior surrounding these establishments especially in areas with a high percentage of loitering.

***Note:** Class A License are considered off-premises retailers and designates the sale of beer, wine and spirits.
Class B License are considered an off-premise retailer and designates the sale of beer and wine.

REGULATIONS:

Licenses Near Schools, Colleges, Universities, and Recreation Area:

302.1 - The four hundred foot (400ft.) distance shall be measured in accordance with the provisions of 101.2

302.2 - A license may be transferred, in the discretion of the Board, from one (1) place within the prohibited distance to another place within the same prohibited distance by the same establishment.

302.3 - A license may be issued, at the discretion of the Board, for a place of business located within four hundred feet (400 ft) of a college or university if the Board is satisfied that the college or university does not object to the granting of the license, as evidenced by the written statement to the Board from the proper governing body of the college or university. If the college or university is itself the holder of a license, it shall be deemed not to object to the issuance of a license for another place of business.

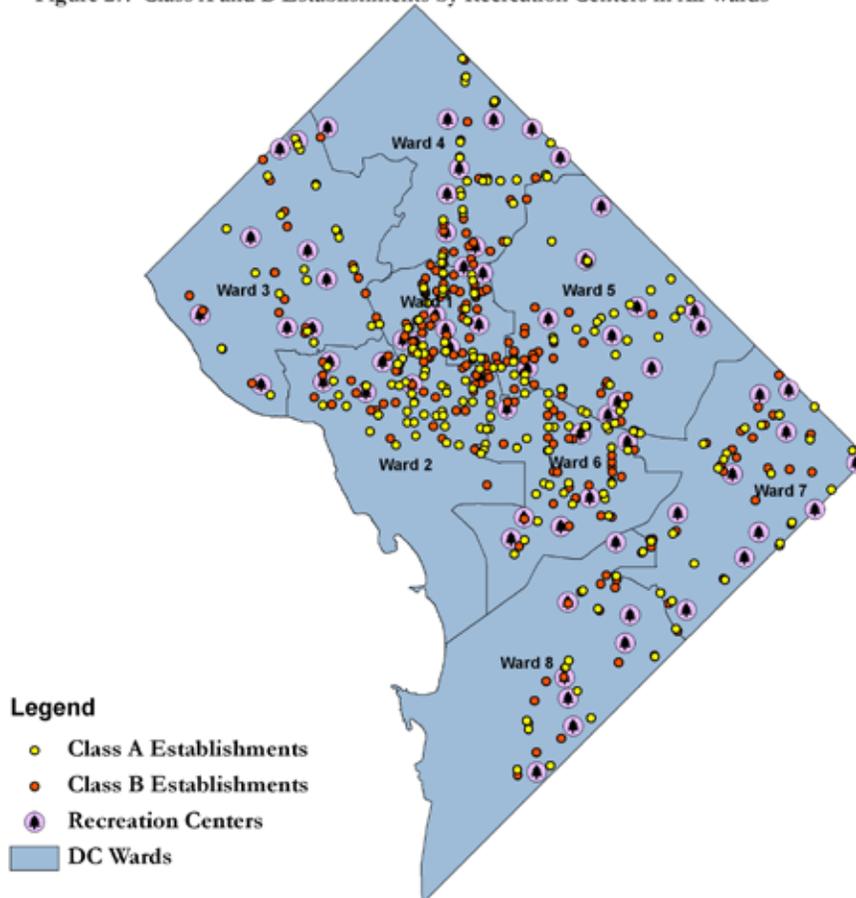
302.4 - A license may be issued for any place within the prohibited distance of a recreation area operated by the DC Department of Parks and Recreation if one of the following is satisfied:

(a) At the time the recreation area was established at that location, there was a place of business holding a license of the same class as that applied for within four hundred feet (400 ft) of the recreation area; or

(b) - The Board is furnished a written statement by the Department of Parks and Recreation of the District of Columbia to the effect that it does not object to the granting of the license.

Source: Alcohol Beverage Regulation Administration

Figure 27. Class A and B Establishments by Recreation Centers in All Wards



Source: Alcohol and Beverage Regulation Administration

DC Department of Health, Health Regulation and Licensing Administration, Food and Safety

DC Parks and Recreation

WARD 1

Overall, there are two DPR facilities that have Class A establishments located within 0.1 miles from recreation centers:

- Harrison and Marie Reed Recreation Centers have one Class A establishment located within 0.1 miles of the DPR facility.

Overall, there are four DPR facilities that have Class A establishments located within 0.2 miles from recreation centers:

- Kalorama, Marie Reed Recreation Centers and Parkview Community Centers have two Class A establishments located within 0.2 miles from the recreation center.
- Loughran Community Center has one Class A establishments located within 0.2 miles from recreation center.

Overall, there are three DPR facilities that have Class B establishments located within 0.1 miles from the recreation centers:

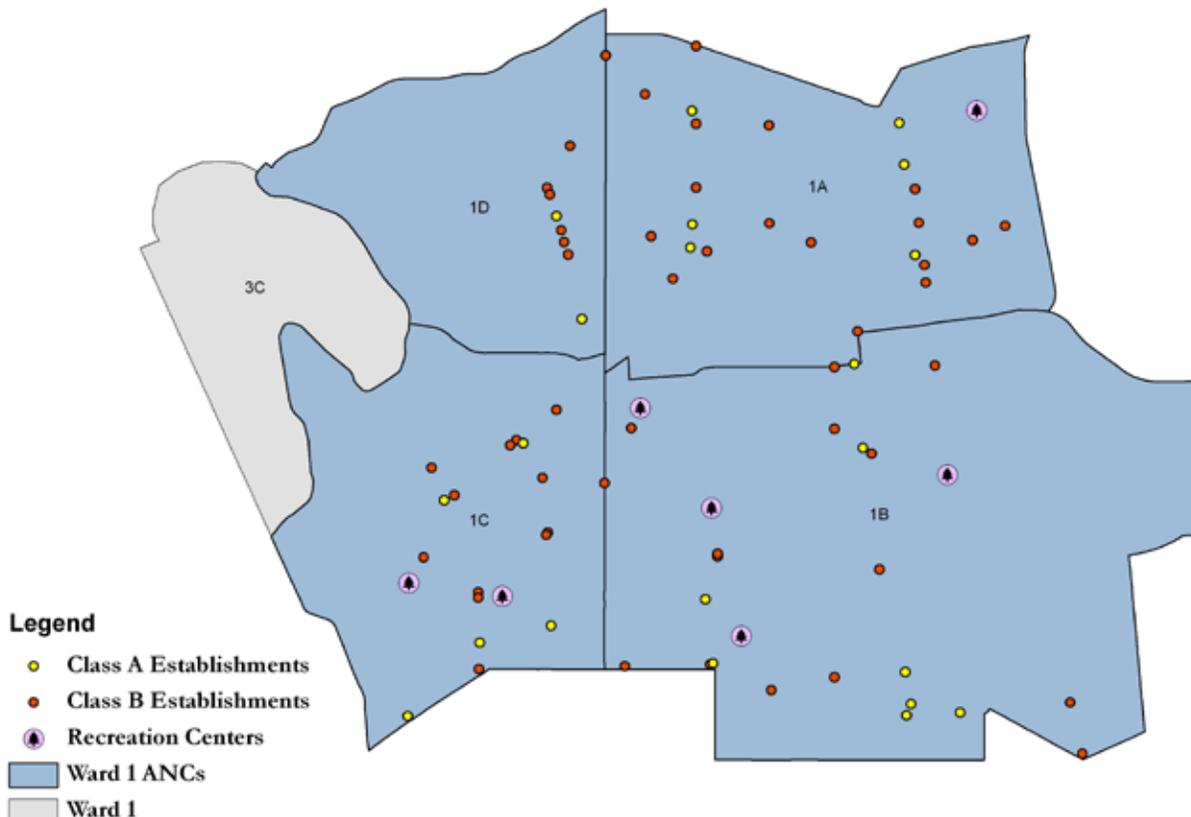
- Columbia Heights, Parkview Community Centers and Kalorama Recreation Center have one Class A establishment located within 0.1 miles

Overall, there are five DPR facilities that have Class B establishments located within 0.2 miles from the recreation centers.

- Harrison Recreation Center has two Class B establishments located within 0.2 miles
- Columbia heights Loughran, Parkview and Marie Reed Recreation Center have one Class B establishment located within 0.2 miles

Figure 28 and Table 33 display the distribution and names, respectively of the Class A and B establishments.

Figure 28. Class A and B Establishments by Recreation Centers in Ward 1



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation
2002 Ward Boundaries

TABLE 33. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 1									
Name of Recreation Center Ward 1	Number of Class A Establishments				Number of Class B Establishments				Total
Community and Recreation Centers	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Banneker Community Center	0	0	1	1	0	0	1	1	4
Columbia Heights Community Center	0	0	3	1	1	1	0	4	10
Harrison Recreation Center	1	0	1	3	0	2	0	1	8
Kalorama Recreation Center	0	2	1	3	1	0	1	0	8
Loughram Community Center	0	1	1	1	0	1	0	2	6
Marie Reed Recreation Center	1	2	1	2	0	1	3	2	12
Parkview Community Center	0	2	1	0	1	1	3	3	11

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

WARD 2

Overall, there are four Class A establishments located within 0.1 miles from recreation centers:

- Jelleff, Kennedy, Rose Park, Volta Park Recreation Centers have one Class A establishment located within 0.1 miles.

Overall, there are three Class A establishments located within 0.2 miles of a DPR facility:

- Stead Recreation Center has three Class A establishments located within 0.2 miles.
- Mitchell Park Recreation Center has Class A establishments located within 0.2 miles.
- Jelleff Recreation Center has one Class A establishments located within 0.2 miles.

Overall, there is only one Class B establishment located within 0.1 miles of a DPR facility:

- Rose Park Recreation Center has one Class B establishment located within 0.2 miles of their facility.

Overall, there are two Class B establishments located within 0.2 miles of a DPR facility:

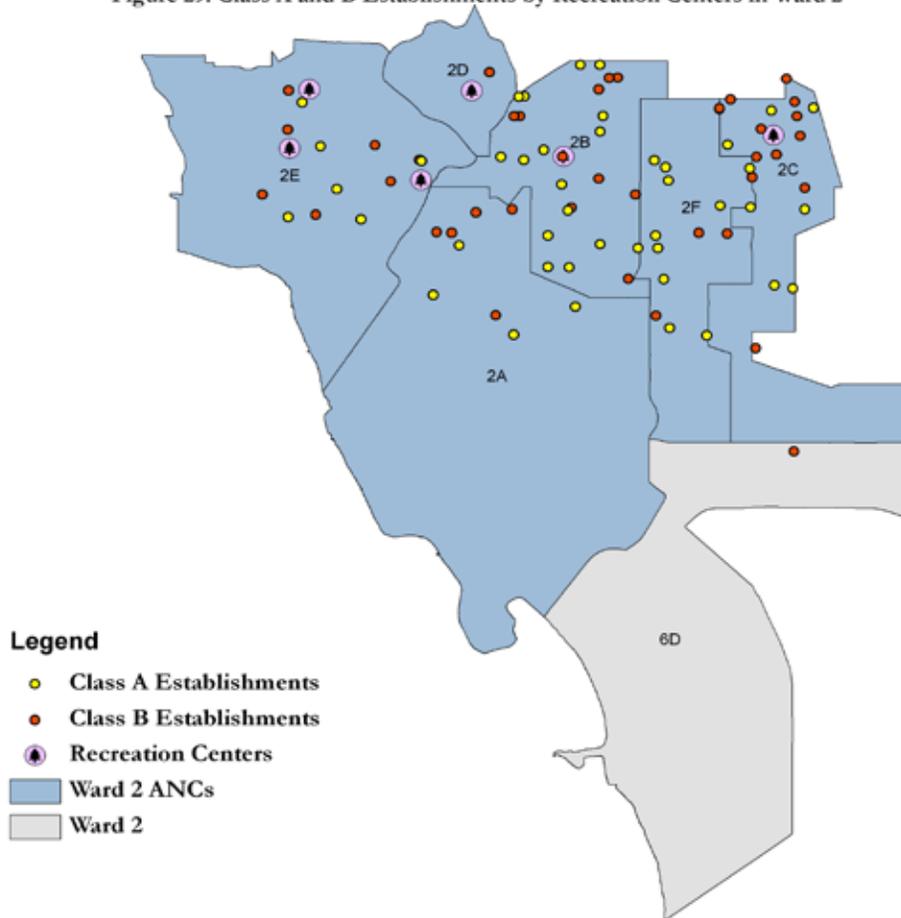
- Kennedy and Stead Recreation Center have one Class B establishment located within 0.2 miles of their facility.

Figure 29 and Table 34 display the distribution and names, respectively of the Class A and B establishments.

TABLE 34. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 2									
Name of Recreation Center Ward 2	Number of Class A Establishments				Number of Class B Establishments				Total
Community and Recreation Centers	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Jelleff Recreation Center	1	1	0	1	0	0	0	0	3
Kennedy Recreation Center	1	0	5	1	0	1	1	1	10
Mitchell Park Recreation Center	0	2	2	2	0	0	0	1	7
Rose Park Recreation Center	1	0	0	2	1	0	0	1	5
Stead Recreation Center	0	3	3	4	0	1	0	1	12
Volta Park Recreation Center	1	0	2	0	0	0	0	0	3

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 29. Class A and B Establishments by Recreation Centers in Ward 2



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation 2002 Ward Boundaries

WARD 3

Overall, there are two DPR facilities that have a Class A establishment located within 0.1 mile from recreation centers:

- Chevy Chase Recreation Center has two Class A establishments located within 0.1 miles.
- Guy Mason Recreation Center has one Class A establishment located within 0.1 miles.

Overall, there are three DPR facilities that have Class A establishments located within 0.2 miles from recreation centers:

- Chevy Chase Community Center, Chevy Chase and Guy Mason Recreation Centers have one Class A establishment located within 0.2 miles.
- There are no Class B establishments located within 0.1 miles of any DPR facility.

Overall, there is only one DPR facility located within 0.2 miles Class B establishment from recreation centers:

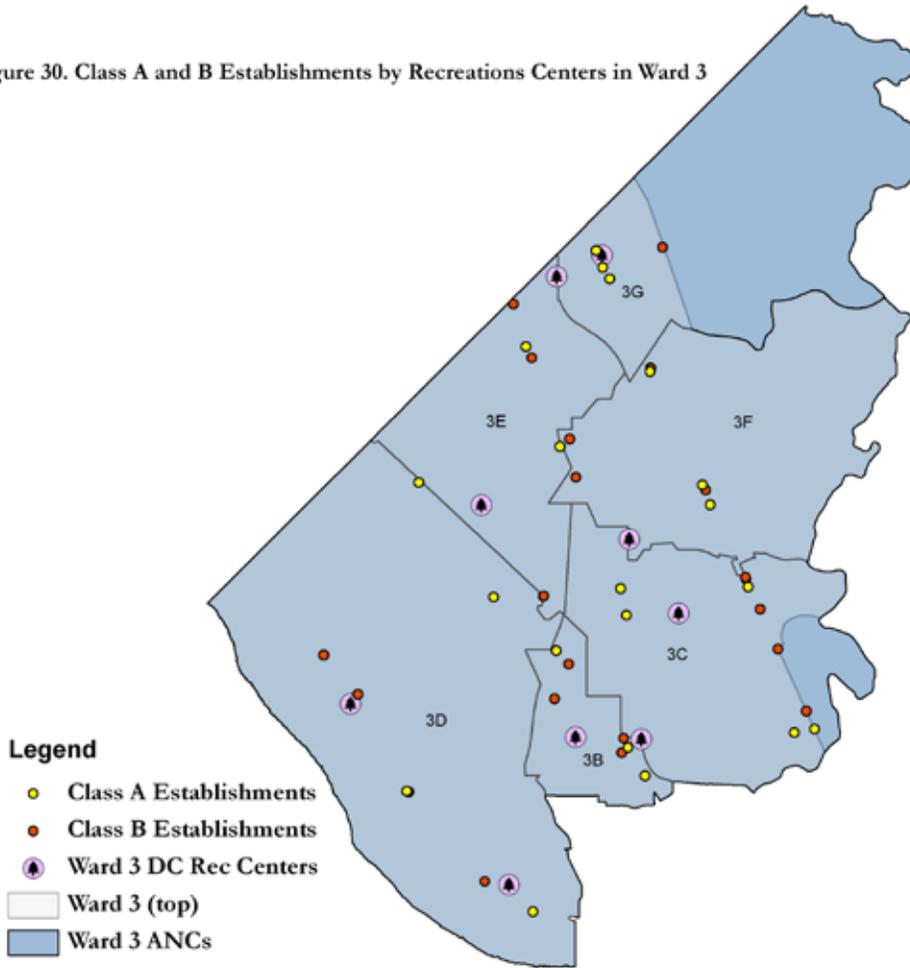
- Palisades Community Center one Class B establishment located within 0.2 miles.

Figure 30 and Table 35 display the distribution and names, respectively of the Class A and B establishments.

TABLE 35. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 3									
Name of Recreation Center Ward 3	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Community and Recreation Centers									
Chevy Chase Community Center	2	1	0	0	0	0	0	0	3
Chevy Chase Recreation Center	0	1	2	1	0	0	0	0	4
Friendship Recreation Center	0	0	0	0	0	0	0	0	0
Guy Mason Recreation Center	1	1	0	0	0	0	0	0	2
Hardy Recreation Center	0	0	1	0	0	0	1	0	2
Hearst Recreation Center	0	0	1	0	0	0	0	0	1
Macomb Recreation Center	0	0	1	1	0	0	0	0	2
Palisades Community Center	0	0	0	0	0	1	0	1	2
Stoddert Recreation Center	0	0	1	0	0	0	0	0	1

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 30. Class A and B Establishments by Recreations Centers in Ward 3



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation
2002 Ward Boundaries

WARD 4

Overall, there are one DPR facility located within 0.1 miles of a Class A establishment:

- Raymond Recreation Center has 17 alcohol establishments within 0.1-0.4 miles.
- Raymond Recreation Center has one Class A establishment within 0.1 miles.

Overall, there are four DPR facilities located within 0.2 miles of a Class A establishment:

- Emery, Hamilton and Riggs LaSalle Recreation Center have two Class A establishments located within 0.2 miles .
- Raymond Recreation Center has one Class A establishment located within 0.2 miles of the facility.

Overall, there are two DPR facilities located within 0.1 mile of a Class B establishment:

- Petworth and Raymond Recreation Centers have one Class B establishment located within 0.1 miles.

Overall there are three DPR facilities located within 0.2 miles of a Class B establishment:

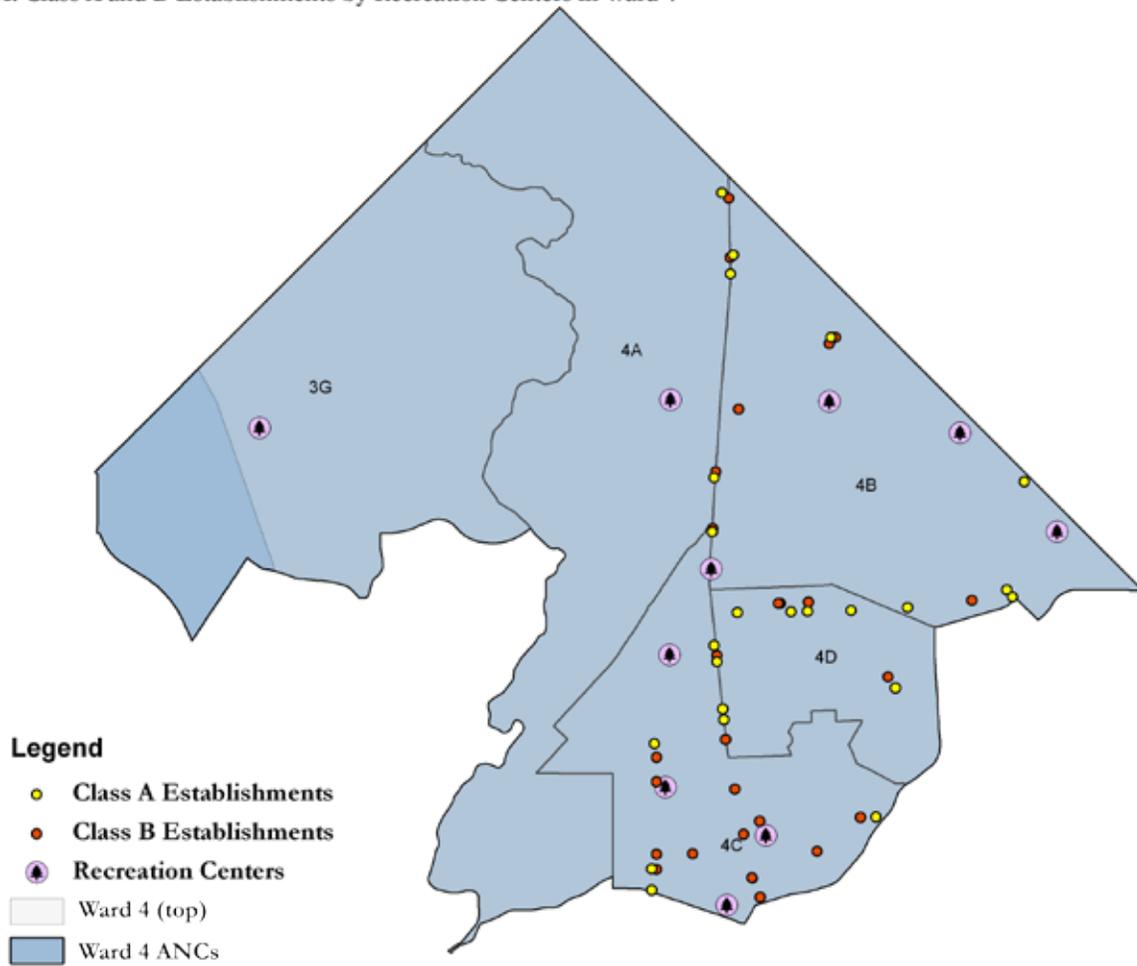
- Raymond Recreation Center has two Class B establishments located within 0.2 miles.
- Petworth Recreation Center has one Class B establishment located within 0.2 miles.

Figure 31 and Table 36 display the distribution and names, respectively of the Class A and B establishments.

TABLE 36. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 4									
Name of Recreation Center Ward 4	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Community and Recreation Centers									
Emery Recreation Center	0	2	0	4	0	1	2	0	9
Fort Stevens Recreation Center	0	0	0	0	0	0	0	0	0
Hamilton Recreation Center	0	2	2	1	0	0	0	0	5
Lafayette Recreation Center	0	0	0	0	0	0	0	0	0
Lamond Recreation Center	0	0	1	1	0	0	0	0	2
Petworth Recreation Center	0	0	0	1	1	1	4	2	9
Raymond Recreation Center	1	1	1	3	1	2	3	5	17
Riggs LaSalle Recreation Center	0	2	0	1	0	0	0	0	3
Takoma Community Center	0	0	1	0	0	0	1	0	2
Upshur Recreation Center	0	0	0	2	0	0	3	2	7

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 31. Class A and B Establishments by Recreation Centers in Ward 4



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation
2002 Ward Boundaries

WARD 5

Overall, three DPR facilities are located within 0.1 miles of Class A establishments:

- Turkey Thicket Recreation Center has two Class A establishments located within 0.1 miles.
- Harry Thomas Sr. and Joseph H. Cole Recreation Center has one Class A establishments located within 0.1 miles.

Overall, three DPR facilities are located within 0.2 miles of Class A establishments:

- Trinidad Recreation Center has three Class A establishments located within 0.2 miles.
- Brentwood and Joseph H. Cole Recreation Centers have one Class A establishment located within 0.2 miles.

Overall, there is only one DPR facility located within 0.1 miles of a Class B establishment:

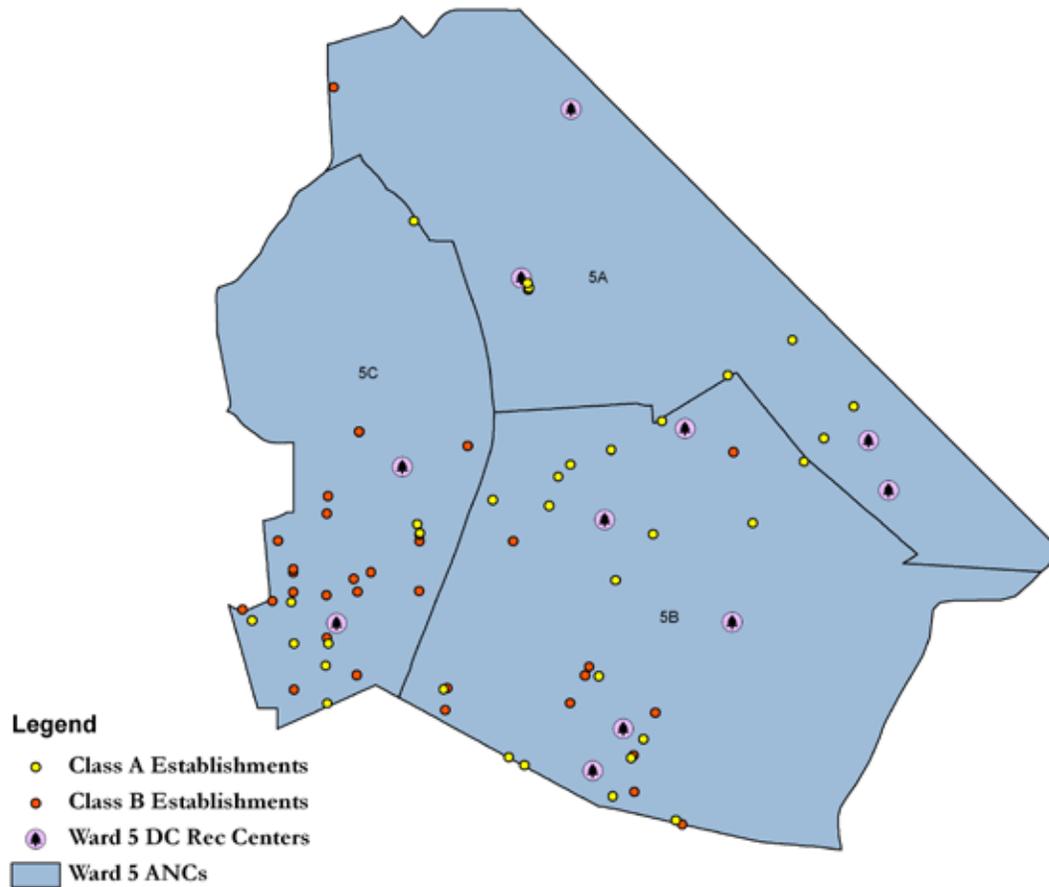
- Harry Thomas Sr. Recreation Center has one located within the 0.1 miles Class B establishments.
- Harry Thomas Sr. and Joseph H. Cole Recreation Centers have one Class B establishment located within 0.2 miles.

Figure 32 and Table 37 display the distribution and names, respectively of the Class A and B establishments.

TABLE 37. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 5									
Name of Recreation Center Ward 5	Number of Class A Establishments				Number of Class B Establishments				Total
Community and Recreation Centers	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Arboretum Community Center	0	0	0	0	0	0	0	0	0
Brentwood Recreation Center	0	1	2	3	0	0	0	0	6
Edgewood Recreation Center	0	0	4	0	0	0	1	1	6
Fort Lincoln Recreation Center	0	0	1	0	0	0	0	0	1
Harry Thomas Sr. Recreation Center	1	0	3	1	1	1	1	0	8
Joseph H. Cole Recreation Center	1	1	1	4	0	1	3	1	12
Langdon Park Community Center	0	0	1	0	0	0	1	0	2
North Michigan Park Recreation Center	0	0	0	0	0	0	0	0	0
Theodore Hagans Cultural Center	0	0	0	0	0	0	0	0	0
Trinidad Recreation Center	0	3	1	0	0	0	0	0	4
Thurkey Thicket Recreation Center	2	0	0	0	0	0	0	0	2

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 32. Class A and B Establishments by Recreation Centers in Ward 5



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation
2002 Ward Boundaries

WARD 6

Overall, there is one DPR facility located within 0.1 miles of a Class A establishment:

- Rosedale Recreation Center has one Class A establishment located within 0.1 miles.

Overall, there are four DPR facilities located within 0.2 miles of a Class A establishment:

- King Greenleaf, Rosedale and Sherwood Recreation Centers have two Class A establishments located within 0.2 miles.
- Watkins Recreation Center has one Class A establishment located within 0.2 miles.

Overall, there are four DPR facilities located within 0.1 miles of a Class B establishment:

- Joy Evans, King Greenleaf, RH Terrell and Rosedale Recreation Centers have one Class B establishments located within 0.2 miles.

Overall, there are three DPR facilities located within 0.2 miles of a Class B establishment:

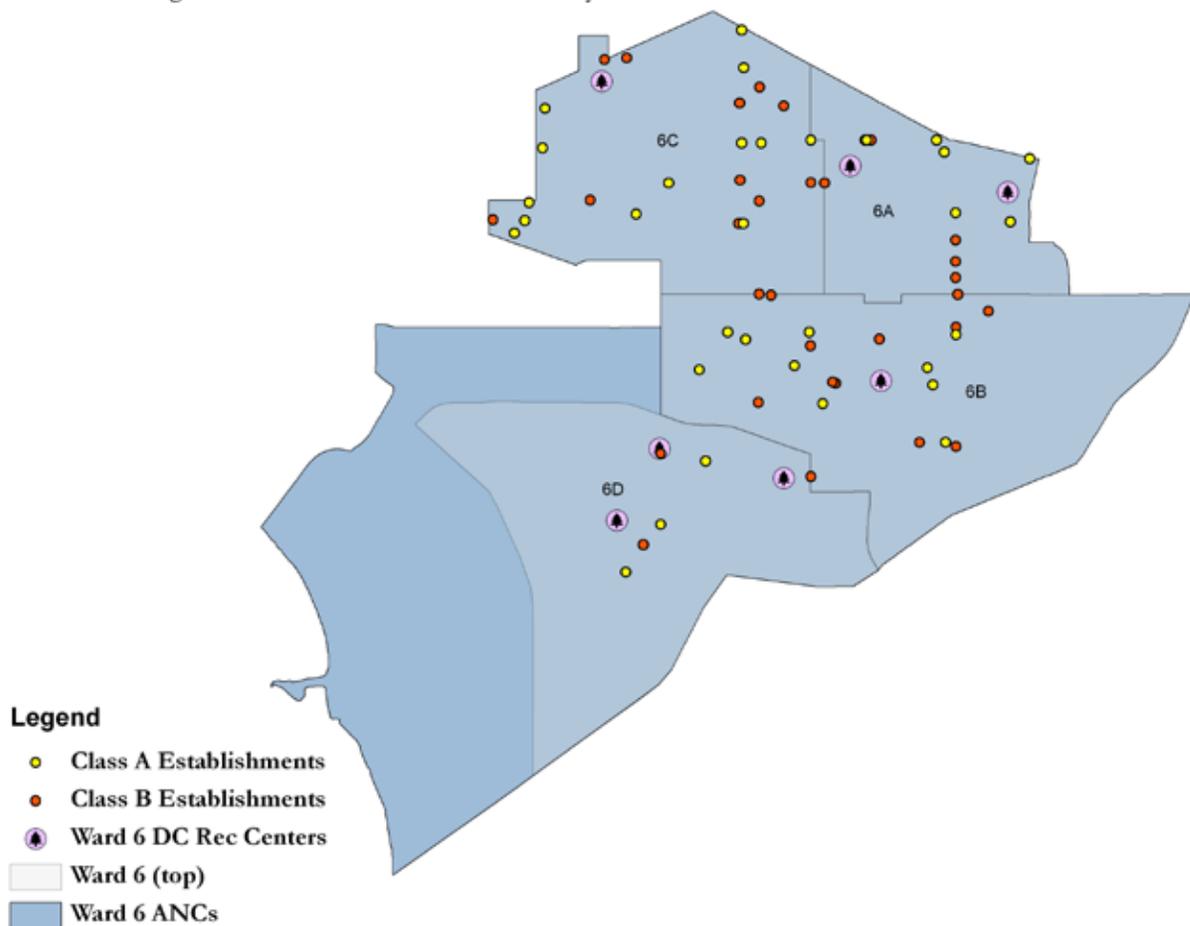
- Sherwood Recreation Center has one Class B establishment located within 0.2 miles.
- Rosedale and Watkins Recreation Centers have one Class B establishment located within 0.2 miles.

Figure 33 and Table 38 display the distribution and names, respectively of the Class A and B establishments.

TABLE 38. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 6									
Name of Recreation Center Ward 6	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Community and Recreation Centers									
Joy Evans Recreation Center	0	0	0	2	1	0	0	0	3
King Greenleaf Recreation Center	0	2	0	0	1	0	0	0	3
Randall Recreation Center	0	0	1	2	0	0	0	0	3
RH Terrell Recreation Center	0	0	3	0	1	0	0	3	7
Rosedale Recreation Center	1	2	2	2	1	1	0	0	9
Sherwood Recreation Center	0	2	0	3	0	2	0	0	7
Watkins Recreation Center	0	1	1	3	0	1	0	0	6

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 33. Class A and B Establishments by Recreation Centers in Ward 6



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation
2002 Ward Boundaries

WARD 7

Benning Stoddert Community Center and Lederer Gardens have the highest number of Class A or B establishments located within 0.1-0.4 miles of the recreation centers.

Class A Establishment (Liquor Store)

Overall, there are no DPR facilities located within 0.1 miles of a Class A establishments:

Overall, there are five DPR facilities located within 0.2 miles of a Class A establishment:

- Benning Park Community Center and Hillcrest Recreation Center have one Class A establishment.

Class B Establishment (Market or Convenience Store)

Overall, there is only one DPR facility located within 0.1 miles of a Class B establishment:

- *Kenilworth Recreation Center at Cesar Chavez has one Class B establishment located within 0.1 of the recreation center.

Overall, there are two DPR facilities located within 0.2 miles of a Class B establishment:

- Benning Park Community Center and Hillcrest Recreation Center have only one Class B establishment located within 0.2 miles of their facility.

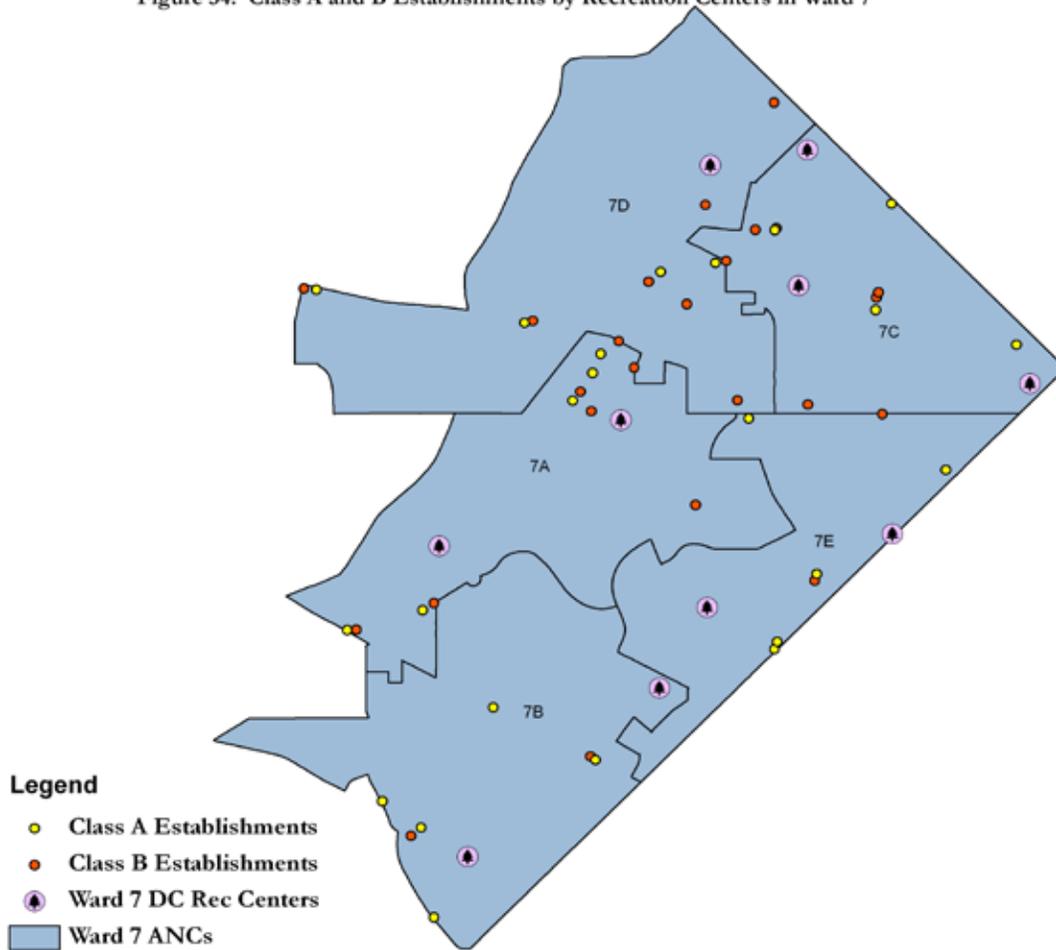
Figure 34 and Table 39 display the distribution and names, respectively of the Class A and B establishments.

*Kenilworth Recreation Center original location has no Class A or B establishments located within 0.1-0.2 miles of their facility.

TABLE 39. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 7									
Name of Recreation Center Ward 7	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Community and Recreation Centes									
Benning Park Community Center	0	1	0	0	0	1	0	0	2
Benning Stoddert Community Center	0	0	2	1	0	0	2	1	6
Deanwood Recreation Center	0	0	0	2	0	0	0	1	3
Fort Davis Community Center	0	0	1	1	0	0	0	2	4
Hillcrest Recreation Center	0	1	0	2	0	1	0	0	4
Kenilworth Parkside Recreation Center @ Cesar Chevez	0	0	1	0	1	0	0	0	2
Lederer Gardens	0	0	1	2	0	0	2	1	6
Marvin Gaye Recreation	0	0	1	0	0	0	0	0	1
Ridge Road Recreation Center	0	0	0	0	0	0	0	0	0
Therapeutic Recreation Center	0	0	1	0	0	0	0	0	1

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 34. Class A and B Establishments by Recreation Centers in Ward 7



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation 2002 Ward Boundaries

WARD 8

Class A Establishments (Liquor Stores)

Overall, there are no DPR facilities located within 0.1 miles of a Class A establishment:

Overall, there is one DPR facility located within 0.2 miles of a Class A establishment:

- Congress Heights Recreation Center has one Class A establishment located within 0.2 miles.

Class B Establishments (Markets, Grocery or Convenience Stores)

Overall, there are two DPR facilities located within 0.1 mile of a Class B establishment:

- Barry Farms and Congress Heights Recreation Centers have one Class B establishment located within 0.1 miles.

Overall, there is one DPR facility located within 0.2 miles of a Class B establishment:

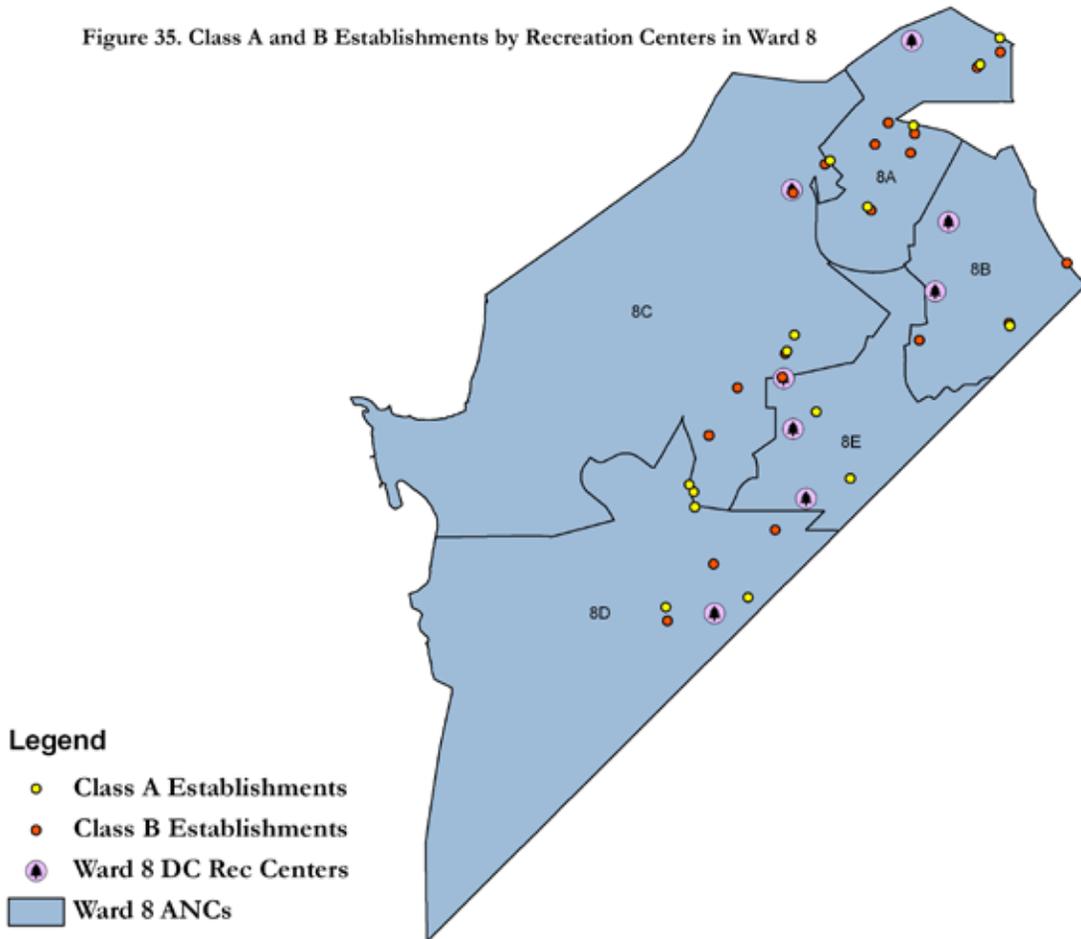
- Congress Heights Recreation Center has four Class A or B Establishments located within 0.1-0.4 miles of the centers.

Figure 35 and Table 40 display the distribution and names, respectively of the Class A and B establishments.

TABLE 40. CLASS A AND B ESTABLISHMENTS BY RECREATION CENTERS IN WARD 8									
Name of Recreation Center Ward 8	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Mile	0.2 Miles	0.3 Miles	0.4 Miles	
Community and Recreation Centers									
Anacostia Recreation Center	0	0	0	0	0	0	0	2	2
Bald Eagle @ Fort Greble	0	0	0	0	0	0	0	0	0
Barry Farm Recreation Center	0	0	0	0	1	0	0	0	1
Congress Heights Recreation Center	0	1	1	0	1	1	0	0	4
Douglass Community Center	0	0	0	0	0	0	0	0	0
Ferebee-Hope Recreation Center	0	0	1	0	0	0	0	0	1
Fort Stanton Recreation Center	0	0	0	0	0	0	0	0	0
Southeast Tennis and Learning Center	0	0	0	0	0	0	0	1	1

Source: Department of Parks and Recreation (DPR)
Alcohol Beverage and Regulation Administration (ABRA)

Figure 35. Class A and B Establishments by Recreation Centers in Ward 8



Source: Alcohol and Beverage Regulation Administration and DC Parks and Recreation
2002 Ward Boundaries

LIQUOR STORE ESTABLISHMENTS AND SURROUNDING SCHOOLS

Education is an essential element of a person’s life. Once mastered, it prepares children to become productive citizens and active in their community. The inability to educate a child of the potential dangers of their environment can also put a strain on their social and physical development. Liquor stores near schools are resource magnets for crime, violence and other exposures of potential harm. A walk to school may create exposure to public drunkenness, harassment of passers-by, and other criminal activities.

Most students in the District of Columbia attend either a public or charter school where public transportation (metro bus or rail) and walking is the students’ primary means of getting to and from school. Maryland and Virginia students are primarily transported by an official school bus and are not generally exposed to alcohol advertisements, public drunkenness or loitering to and from school.

The Department of Health, Center for Policy Planning and Evaluation (CPPE) conducted a study to observed the distance of Class A and B establishments in close proximity to schools located within a 1-4 block radius. The school listing obtained from the District of Columbia Public Schools (DCPS) and District of Columbia Public Charter Schools (DCPCS) listed 126 public and 96 charter schools.* For this study, only 60 schools were randomly selected as a part of the study; four (4) public and charter school, three (3) elementary/middle combined and one (1) high school in all wards of the city. Although chartered schools declined to participate in the CPPW/YRBSS survey, they were included in the study to determine close proximity to Class A and B establishments by blocks. Depending on which direction a person travels in the city, some blocks are longer than others. Most DCPS schools tend to take up a full block while charter schools observed tend to take up what is equivalent to half a block or less.

REGULATIONS:

Alcohol Beverage Regulation Administration (ABRA) regulation section 302 states: No alcoholic beverage shall be sold or served by a licensee upon any portion of any premises which fronts upon, abuts, adjoins, or is opposite to the premises of any of the institutions or recreation areas unless that portion of the premises where alcoholic beverages are served is within a building; provided, that the restriction of service with in a building is not applicable to Class C or D licensees on non-school days, weekends, and after 6:00 p.m. on weekdays, allowing alcohol products to be served on licensed outdoor patios.

TABLE 41. CLASS A AND B ESTABLISHMENT BY WARD

Category	Ward	Number of Dots in Ward	Number of Dots That Are Extra Per Ward	Total In Ward
Class A Establishment	1	21	0	21
	2	40	4	44
	3	20	0	20
	4	23	0	23
	5	35	0	34
	6	28	4	32
	7	23	0	23
	8	15	0	15
Class B Establishment	1	51	1	52
	2	30	11	41
	3	23	0	23
	4	27	0	27
	5	32	0	32
	6	31	3	34
	7	23	0	23
	8	17	2	19

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

*There are 126 DCPS schools and 100 DCPCS schools but 96 actual locations. Some schools are located within the same building but are counted as a different school. Dots indicate a school.

TABLE 42. DC PUBLIC AND CHARTER SCHOOLS PER WARD				
Category	Ward	Number of Dots in Ward	Number of Dots That Are Extra Per Ward	Total in Ward
DC Public Charter Schools	1	14	0	14
	2	2	4	6
	3	0	0	0
	4	15	0	15
	5	17	0	17
	6	11	1	12
	7	15	0	15
	8	18	0	18
DC Public Schools	1	10	0	10
	2	9	3	12
	3	10	0	10
	4	17	0	17
	5	16	0	16
	6	16	0	16
	7	21	0	21
	8	22	0	22

Extra dots relate to the shift of locations that have occurred based on rezoning among District Wards. Primary locations affected are Wards 2 and 6.

Source: Listing DCPS and DCPCS website. GIS Mapping

- Overall, Ward 1 had the most Class A and B establishments located within a one (1) block radius of DCPS and DCPCS.
- Ward 3 had the least amount of Class A and B establishments located within a 1-4 block radius of DCPS and had no Class A establishments located within a 1 mile radius of DCPS.
- Ward 2 had no Class A or B establishments located within a 1 block radius of DCPCS.
- Perry Street Prep (Formerly Hyde PCS) and Johnson Hayden, Simon Elementary, Kimble Elementary, Burroughs Education Campus DCPS had no Class A or B establishments located within a 1-4 block radius.
- Ward 8 had no more than four (4) Class A or B establishment near any school within a 1-4 block radius.
- Ward 3 had no more than three (3) Class A or B establishments near any school within a 1-4 block radius.

Note: Distance was calculated by DC Atlas and Google Maps. All Class A and B establishments may not have been accounted for. Grocery stores that have a Class A or B license were included in the calculation.

WARD 1

Overall, there were no Class A establishments within a 1 block radius near the DCPS and/or DCPCS. There was no loitering in front of or near the establishments observed (Table 43).

- Tubman and Bruce-Monroe at Park View school had one (1) Class A establishment within in a 2 block radius.
- There were a total of 5 Class A establishments located within a 3-4 block radius among all schools observed.
- Howard University Middle school and Next Step- El Proximo school had one (1) Class B establishment located within a one (1) block radius.
- Community Academy- Butler had one (1) Class B establishment within a 2 block radius.
- There were a total of seven (7) Class B establishments located within a 3-4 block radius among all schools observed.
- EL Haynes –Georgia Avenue school and had three (3) and Marie Reed charter school had a total of four (4) Class A and Class B establishments, the most observed in Ward 1.

TABLE 43. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 1 BY BLOCKS

Name of Schools Ward 1	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
Tubman	0	1	0	1	0	0	0	0	2	0
Bruce-Monroe@ Park View	0	0	1	0	0	0	0	0	0	0
Marie Reed	0	1	1	0	0	1	0	0	0	0
Cardozo Senior High School	0	0	1	0	0	1	1	0	0	0
DC Public Charter Schools										
Howard University Middle School	0	0	0	0	0	1	0	0	0	0
Next Step - El Proximo	0	0	0	0	0	1	0	1	0	0
Community Academy-Butler	0	0	0	0	0	0	1	0	1	0
El Haynes - Georgia Avenue	0	0	0	1	0	0	0	2	1	0

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 2

Overall, there were no Class A and Class B establishments located within a 1 block radius near DCPS and/or DCPCS. There was loitering in front of or near one (1) Class B establishment located near Center City- Shaw school (Table 44).

- Mundo Verde School had two (2) Class A establishments within in a 2 block radius.
- There was a total of one (1) Class A establishments located within a 3-4 block radius among all schools observed.
- Hyde- Addison School had one (1) Class B establishment located within a 2 block radius.
- There were a total of two (2) Class B establishments located within a 3-4 block radius among all schools observed.
- Overall, Mundo Verde school had a total number of two (2) each Class A establishments, the most observed in Ward 2.

TABLE 44. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 2 BY BLOCKS

Name of School Ward 2	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
Hardy	0	0	0	1	0	0	0	0	1	0
Ross	0	0	0	0	0	0	0	0	0	0
Schools Without Walls	0	0	0	0	0	0	0	0	0	0
Hyde-Addison	0	0	0	0	0	0	1	0	0	0
DC Public Charter Schools										
Center City-Shaw	0	0	0	0	0	0	0	1	0	0
Munde Verde	0	2	0	0	0	0	0	0	0	0

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 3

Overall, there was 1 Class A establishment within a 1 block radius near the schools. There was no loitering in front of or near the establishments observed (Table 45).

- Mann school, Wilson high school and Janney Elementary School, each had one (1) Class A establishment within in a 2 block radius.
- There was a total of one (1) Class A establishments within a 3-4 block radius among all schools observed.
- Wilson high school had two (2) Class B establishments within a 1-2 block radius.
- Janney elementary school had three (3) Class B establishments within a 1- 2 block radius.
- There were a total of four (4) Class B establishments within a 3-4 block radius among all schools observed.
- Janney Elementary School and Wilson Senior High School have total number of 10 Class A and Class B establishments; the most observed in Ward 3.
- There are no charter schools in Ward 3.

TABLE 45. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 3 BY BLOCKS

Name of School Ward 3	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
Mann	1	1	0	0	0	0	0	0	0	0
Janney Elementary	0	1	0	0	0	2	1	1	0	0
Stoddert Elementary	0	0	0	0	0	0	0	1	1	0
Wilson Senior High School	0	1	1	0	0	1	1	1	0	0

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 4

Overall, there was one (1) Class A establishment and three (3) Class B establishments located within one (1) block radius near the schools. There was no loitering in front of or near the establishments observed (Table 46).

Overall, West school, Truesdel School, Education Strengthens Families school and Center City Brightwood had a total number of ten (10) Class A establishments located within in a 2 block radius.

- There were a total of 13 Class A establishments located within a 3-4 block radius among all schools observed.
- Education Strengthens Families school, Bridges School and Center City Brightwood had one (1) Class B establishment located within a 1 block radius.
- Education Strengthens Families school had one (1) Class B establishment within a 2 block radius.
- There were a total of 12 Class B establishments located within a 3-4 block radius among all schools observed.
- Education Strengthens Families school had a total number of 12 Class A and Class B establishments, the most observed in Ward 4.

TABLE 46. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 4 BY BLOCKS										
Name of School Ward 4	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
West	0	1	3	1	0	0	0	0	0	0
Coolidge Senior High School	0	0	0	0	0	0	0	0	0	0
Whittier	0	0	0	0	0	0	0	0	0	0
Truesdel	0	4	2	1	0	0	3	0	0	0
DC Public Charter Schools										
Bridges Public Charter School	0	0	2	1	0	1	0	1	3	0
Center City Brightwood	1	1	0	0	0	1	0	0	1	0
Education Strengthens Families	0	3	1	1	0	1	1	2	3	0
Paul Jr. High	0	0	1	0	0	0	0	1	1	0

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 5

Overall, there were no Class A establishments located within a 1 block radius near the schools. There was no loitering in front of or near the establishments observed and all establishments (Table 47).

- Choice Academy Middle and high school had two (2) Class A establishments within in a 2 block radius; the most observed in Ward 5
- There were a total of two (2) Class A establishments located within a 3-4 block radius among all schools observed.
- There were no Class B establishments located within a 1-2 block radius.
- There was a total of 1 Class B establishments located within a 3-4 block radius among all schools observed.

TABLE 47. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 5 BY BLOCKS										
Name of School Ward 5	Number of Class A Establishments					Number of Class B Establishments				
DC Public Schools	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
Choice Academy Middle and High School	0	2	0	0	0	0	0	0	0	0
Noyes Elementary School	0	0	0	0	0	0	0	0	0	0
Browne Education Campus	0	0	0	0	0	0	0	0	0	0
Langdon Elementary School	0	0	0	0	0	0	0	0	1	0
DC Public Charter Schools										
Mary McLeod Elementary and Middle School	0	0	0	0	0	0	0	0	0	0
Washington Math, Science and Tech High School	0	0	0	0	0	0	0	0	0	0
Washington Yu Ying Elementary	0	0	1	0	0	0	0	0	0	0
Tree of Life Elementary	0	0	1	0	0	0	0	0	0	0

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 6

Overall, there was one (1) Class A establishment and five (5) Class B establishments within a 1 block radius near the schools. There was loitering in front of or near 1 Class A establishment located near Eastern Senior High School. There was loitering in front of or near one (1) Class B establishment located near Cesar Chavez high school (Table 48).

- Ludlow Taylor School, Friendship Chamberlin School and Two Rivers School, had 1 Class A establishment within in a 2 block radius.
- There were a total of seven (7) Class A establishments within a 3-4 block radius among all schools observed.
- There were a total of four (4) Class B establishments within a 2 block radius near 3 schools.
- There were a total of five (5) Class B establishments within a 3-4 block radius among all schools observed.

Overall, Stuart-Hobson Middle school and Center City Capitol Hill had a total number of 5 Class A and Class B establishments; this was the most observed in Ward 6. Followed by Two Rivers School and four (4) Class A and Class B establishments.

TABLE 48. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTERS SCHOOLS IN WARD 6 BY BLOCKS										
Name of School Ward 6	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Blocks	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
Ludlow-Taylor Elementary	0	1	1	0	0	0	0	0	0	0
Stuart-Hobson Middle School	0	0	2	1	0	0	1	1	0	0
Eastern Senior High School	0	0	0	0	1	0	1	1	1	0
Amidon-Bowen Elementary School	0	0	0	0	0	1	0	0	0	0
DC Charter Schools										
Center City Capitol Hill Elementary School	0	0	1	0	0	1	2	1	0	0
Friendship Chamberlin Elementary	0	1	0	0	0	1	0	1	0	0
Cesar Chavez Capitol Hill High School	0	0	0	1	0	1	0	0	0	1
Two Rivers Lower Elementary	1	1	1	0	0	1	0	0	0	0

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 7

Overall, there were one (1) Class A establishment and three (3) Class B establishments within a 1 block radius near the schools. There was loitering in front of or near 11 establishments observed and all establishments (Table 49).

- There were no Class A establishments within in a 2 block radius.
- There were a total of seven (7) Class A establishments within a 3-4 block radius among four of the eight schools observed.
- HD Woodson Senior high school and Cesar Chavez School had a total number of three (3) Class B establishments within a 2 block radius.
- There were a total of nine (9) Class B establishments within a 3-4 block radius among four of the eight schools observed.

Overall, DC Preparatory School had a total number of seven (7) Class A and Class B establishments; the most observed in Ward 7.

TABLE 49. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 7 BY BLOCKS

Name of School Ward 7	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
Neval Thomas Elementary	0	0	0	0	0	0	0	0	1	0
Beer	0	0	0	1	0	0	0	0	2	0
Nalle	0	0	0	1	0	0	0	0	0	0
HD Woodson	1	0	0	0	1	0	2	0	0	1
DC Public Charter Schools										
KIPP DC - Leap	0	0	0	2	2	1	0	0	0	1
Apple Tree - Amidon	0	0	0	0	0	1	0	3	0	0
DC Preparatory - Benning	0	0	3	0	3	1	0	3	0	3
Cesar Chavez	0	0	0	0	0	0	1	0	0	0

Source: School listing DCPS and DCPCS.

Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

WARD 8

Overall, there were one (1) Class A and four (4) Class B establishment less than one (1) block radius near the schools. There was loitering in front of or near 21 establishments observed and all establishments (Table 50).

- Thurgood Marshall School had one (1) Class A establishment located within in a 2 block radius.
- There were a total of two (2) Class A establishments located within a 3-4 block radius among all schools observed.
- Moten, Excel Academy and Thurgood Marshall, had a total of six (6) Class B establishments located within a 2 block radius.
- There were a total of 13 Class B establishments located within a 3-4 block radius among all schools observed
- There were no Class A or B establishments located within 1-4 blocks of Ballou Senior High School.
- Thurgood Marshall School had a total number of eight (8) Class A and Class B establishments; the most observed in Ward 8.

TABLE 50. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 8 BY BLOCKS										
Name of School Ward 8	Number of Class A Establishments					Number of Class B Establishments				
	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering	1 Block	2 Blocks	3 Blocks	4 Blocks	Loitering
DC Public Schools										
Garfield	0	0	0	0	0	0	0	0	2	2
Kramer	0	0	0	1	0	0	0	0	3	0
Moten	0	0	0	0	0	0	2	0	0	2
Ballou Senior High	0	0	0	0	0	0	0	0	0	0
DC Public Charter Schools										
Apple Tree Early - Parkland	0	0	0	1	1	0	0	0	1	1
KIPP - Heights	0	0	0	0	0	2	0	0	2	4
Excel Academy	0	0	0	0	0	-1	2	4	0	5
Thurgood Marshall	-1	1	0	0	2	1	2	0	1	4

Note: - is less than one block

Source: School listing DCPS and DCPCS. Study conducted by DC Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System

Liquor Stores Surrounding Schools by Miles

The DOH, CPPE observed the remaining schools in close proximity to Class A and B establishments by using DC Atlas, Google maps and GIS to assess distance by miles and converted the miles to blocks based on the mile converter tool.

Class A establishments are classified as liquor stores.

- There were nine (9) schools less than 500ft of a Class A establishments.
- There were six (6) schools less than 400ft of a Class A establishments.
- There was one (1) school less than 300ft of a Class A establishment and one (1) school less than 200ft of a Class A liquor store establishment.
- There were no Class A establishments located less than 100ft of the public and charter schools.

Class B establishments are classified as markets; they were observed to be more likely located in residential areas of the city and closer to area schools.

- There were four (4) schools less than 500 feet of Class B establishments.
- There was one (1) school located less than 400ft of a Class B establishment.
- There were two (2) schools located less than 300ft of a Class B establishment.
- There was one (1) school located less than 200ft of a Class B establishment.
- There were no Class B establishments located less than 100 ft of the public and charter schools.

WARD 1

Overall, Ward 1 had 12 schools that have 10 or more Class A and B establishments located within a 0.1-0.4 mile radius near the surrounding Public and Charter schools (Table 51).

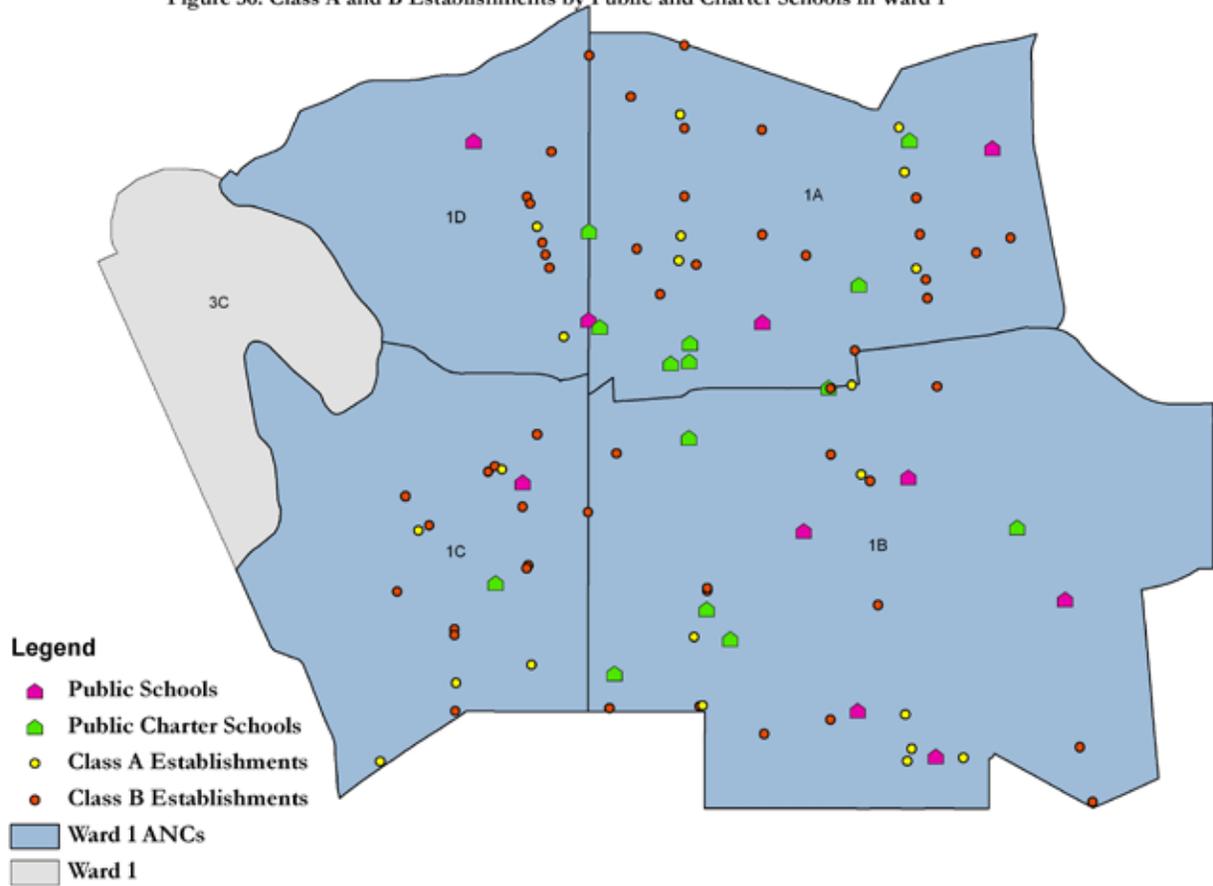
- There were seventeen (17) Class A establishments located 0.1 miles of the surrounding schools.
- There were fourteen (14) Class B establishments located 0.1 miles of the surrounding schools.
- There were six (6) Class A establishments less than 500ft of the surrounding schools and one (1) school less than 300ft near the Class A establishment.
- There was one (1) school less than 500 ft of a Class B establishment and one (1) school less than 200ft of a Class B establishment.
- Columbia Heights education campus, Raymond Elementary school and DC Bilingual PCS individually totaled 17 of Class A and B establishments within a 0.1-0.4 mile radius; the most observed in Ward 1,

TABLE 51. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 1

Name of School Ward 1	Number of Class A Establishment				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Bancroft Elementary School	0	1	0	3	1	1	3	0	9
Benjamin Banneker Senior High School	0	1	0	1	0	3	0	1	6
Cleveland Elementary School	4	2	1	2	0	1	2	1	13
Columbia Heights Education Campus	1	3	1	1	1	2	6	2	17
HD Cooke Elementary School	1	0	1	4	2	3	1	1	13
Raymond Elementary School	0	1	1	3	1	3	3	5	17
Shaw Middle School @ Garnet-Patterson	2	1	1	2	1	0	2	1	10
Washington Metropolitan High School	0	0	0	2	0	0	1	4	7
DC Public Charter Schools									
Apple Tree Early Learning - Columbia Heights	0	0	1	6	1	0	5	2	15
Capital City Public Charter - Lower	2	1	2	1	0	3	4	3	16
Cesar Chavez PCS - Bruce Prep	1	1	1	2	1	3	3	3	15
DC Bilingual PCS	1	0	3	3	0	2	6	2	17
Meridian PCS	1	1	0	1	0	1	3	1	8
Shining stars Montessori	0	1	0	1	0	3	0	1	6
Booker T. Washington PCS	1	1	0	0	1	0	2	4	9
Carlos Rosario International PCS	1	0	2	1	2	1	1	4	12
Capital City Public Charter School - Upper	1	3	2	0	3	1	2	4	16
Youth Build LAYC PCS	1	0	3	3	0	2	5	2	16

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 36. Class A and B Establishments by Public and Charter Schools in Ward 1



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 2

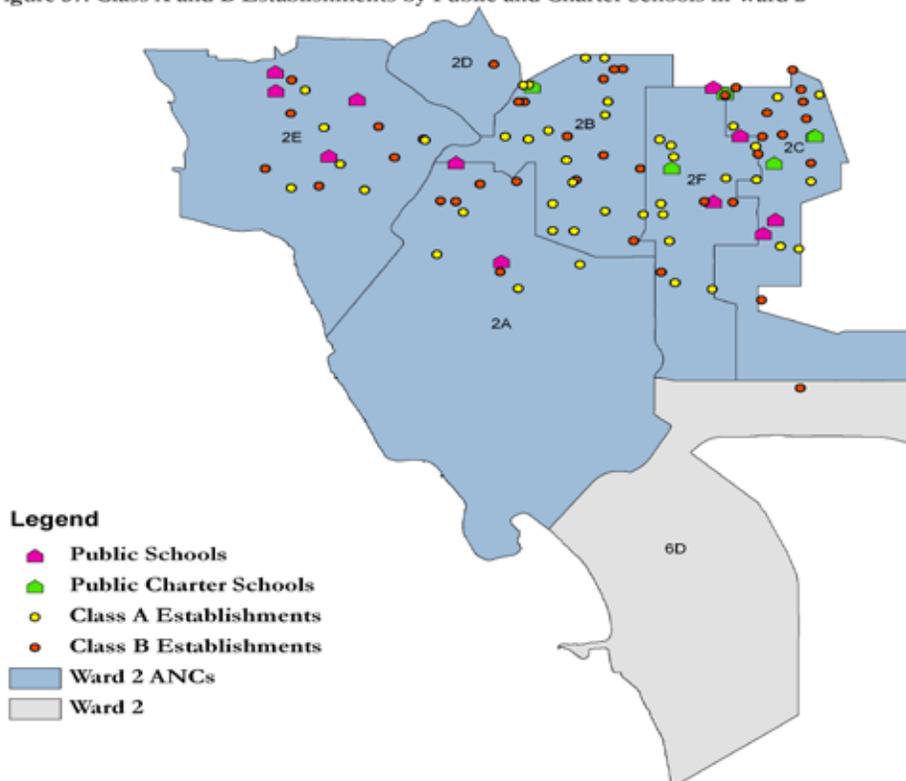
Overall, Ward 2 had four (4) schools that had 10 or more Class A and B establishments located within a 0.1-0.4 mile radius (Table 52).

- There was one (1) Class A establishments located 0.1 miles of the surrounding schools.
- There were four (4) Class establishments located 0.1 miles of the surrounding schools.
- There was only one (1) Safeway supermarket in Ward 2 that can be classified as a Class A and B establishment.
- Seaton Elementary school a total of 20 Class A and B establishments located within a 0.1-0.4 mile radius; the most observed in Ward 2.

TABLE 52. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 2									
Name of School Ward 2	Number of Class A Establishment				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Duke Ellington School of the Arts	0	1	1	1	0	0	1	0	4
Filmore Arts Center (West)	0	1	1	1	1	0	0	1	5
Francis-Steven Education Campus	0	1	1	0	0	0	3	1	6
Garrison Elementary School	0	0	3	6	2	2	0	1	14
Seaton Elementary School	1	0	3	7	0	1	3	5	20
Thomson Elementary School	0	1	3	4	1	2	0	1	12
DC Public Charter Schools									
Apple Tree Early Learning - Riverside	0	0	0	0	0	0	1	0	1
KIPP DC: WILL academy	0	1	4	2	0	2	1	0	10

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 37. Class A and B Establishments by Public and Charter Schools in Ward 2



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 3

Overall, Ward 3 had the lowest amount of Class A and Class B establishments near surrounding public schools compared to all other wards. There are no Charter Schools in Ward 3 (Table 53).

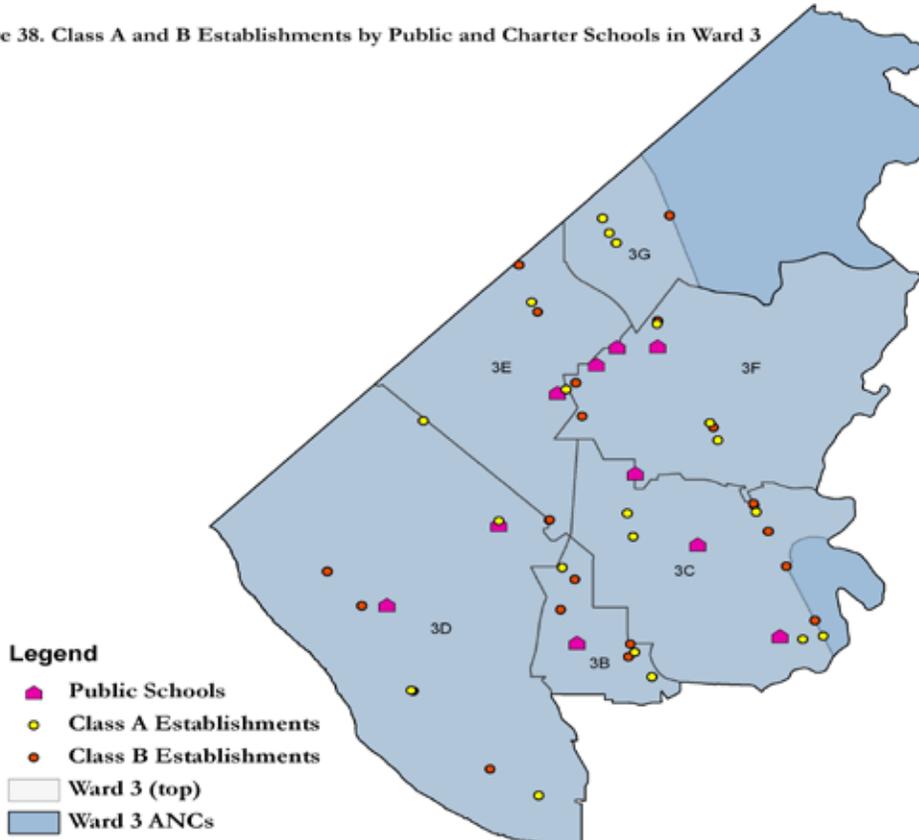
- There were five (5) Class A establishments within a 0.1-0.4 mile radius near the surrounding Public schools.
- There were three (3) Class B establishments within a 0.1-0.4 mile radius near the surrounding Public schools.
- There were no Class A establishments located 0.1 miles of the surrounding public school,
- There was one (1) Class B establishment located 0.1 miles of the surrounding public school.
- Ward 3 had one (1) Giant supermarket that can be classified as a Class A and B establishment.

Eaton elementary school had a total of three (3) Class A and B establishments within a 0.1-0.4 mile radius; the most observed in Ward 3.

TABLE 53. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 3									
Name of School Ward 3	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
Eaton Elementary School	0	0	0	2	0	0	0	1	3
Hearst Elementary School	0	0	1	0	0	0	0	0	1
Key Elementary School	0	0	0	0	1	0	0	0	1
Murch Elementary School	0	1	0	0	0	1	0	0	2
Oyster-Adams Bilingual School	0	0	1	0	0	0	0	0	1

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 38. Class A and B Establishments by Public and Charter Schools in Ward 3



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 4

Overall, Ward 4 had seven (7) schools that have 10 or more Class A and B establishments located within a 0.1-0.4 mile radius (Table 54).

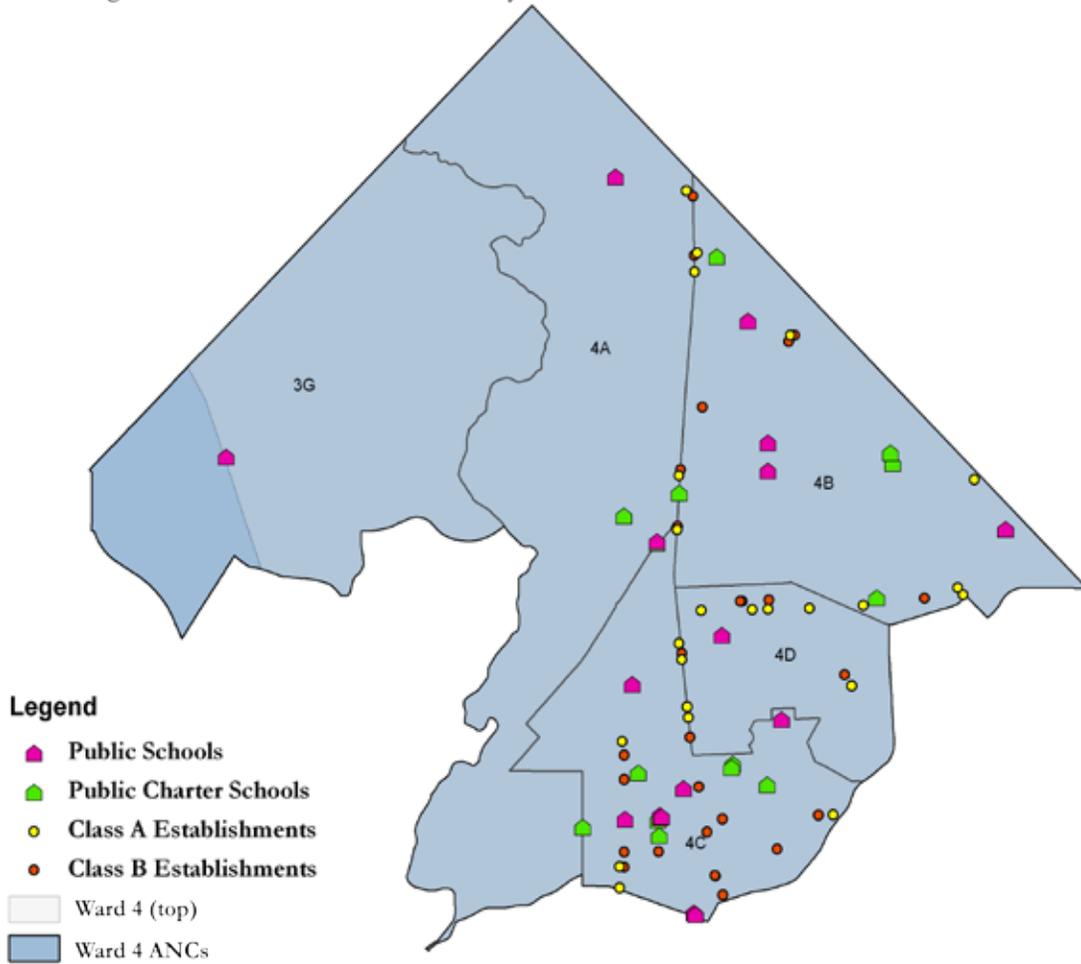
- There were four (4) Class A establishments located 0.1 miles of the surrounding schools.
- There were five (5) Class B establishments located 0.1 miles of the surrounding schools.
- There was one (1) Class A establishments less than 400ft of the surrounding schools and one (1) school less than 400ft near the Class B establishment.
- There was one (1) school less than 300 ft of a Class B market establishment.
- There was one school in Ward 3 that had no Class A and B establishments located within 0.4 mile of the school.
- There was one (1) that had no Class A establishments and four (4) with no class B establishments.
- Filmore Arts Center (EAST) had a total of 17 Class A and B establishments located within a 0.1-0.4 mile radius; the most observed in Ward 4.

TABLE 54. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 4

Name of School Ward 4	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Barnard Elementary School	0	0	0	1	0	0	0	2	3
Brightwood Elementary School	1	0	0	2	1	0	0	0	4
Filmore Arts Center (EAST)	0	1	1	3	1	2	3	6	17
Lafayette Elementary School	0	0	0	3	1	0	0	0	4
LaSalle-Backus Education Campus	0	2	0	0	0	0	0	0	2
MacFarland Middle School	0	0	0	3	1	2	2	3	11
Powell Elementary School	0	1	1	1	1	2	2	2	10
Roosevelt Senior High School	0	0	0	3	0	3	3	2	11
Roosevelt STAY Senior High School	0	0	0	3	0	3	3	2	11
Sharpe Health School	0	1	1	0	0	2	3	2	9
Shepherd Elementary School	0	0	0	0	0	0	0	0	0
Takoma Educational Campus @Meyer Center	0	0	2	1	0	0	2	0	5
DC Public Charter Schools									
Center City Petworth Campus	0	0	0	0	0	1	4	1	6
Community Academy PCS Amos I	0	0	0	3	0	1	1	5	10
Community Academy PCS Amos II	0	1	0	1	0	1	0	1	4
Community Academy PCS Online	0	1	0	1	0	1	0	1	4
E.L. Haynes PCS - Kansas Avenue	0	0	1	1	0	2	1	1	6
Hope Community PCS Lamond	0	1	1	0	0	0	0	0	2
Ideal Academy PCS	1	0	0	1	0	0	0	0	2
Latin American Montessor Bilingual (LAMB)	0	1	0	0	0	1	0	0	2
Roots PCS	1	0	1	3	0	0	0	1	6
Washington Latin PCS - Upshur	0	1	0	0	0	0	0	0	1
William E. Doar PCS - Soldier's Home	1	0	0	1	0	0	0	0	2
Hospitality Senior High School	0	0	1	1	0	2	5	2	11

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 39. Class A and B Establishments by Public and Charter Schools in Ward 4



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 5

Overall, Ward 5 had five (5) schools that had 10 or more Class A and B establishments located within a 0.1-0.4 mile radius (Table 55).

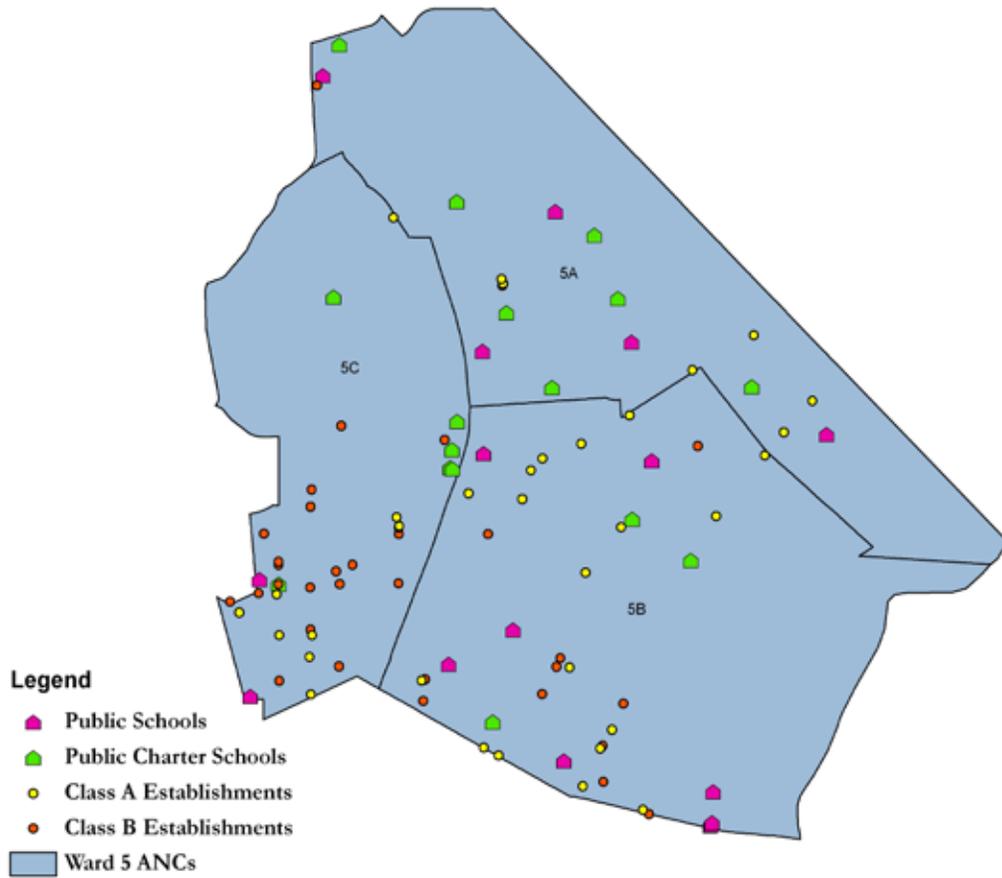
- There were two (2) Class A establishments located 0.1 miles of the surrounding schools.
- There were five (5) Class B establishments located 0.1 miles of the surrounding schools.
- There were three (3) schools that had no Class B establishments near them.
- There were two (2) schools that had no Class A and B establishments located within a 0.1-0.4 radius.
- There was one (1) school that was less than 230ft of a Class B establishment.
- There was one school, McKinley Tech Senior High School that had an individual total of 15 Class A and B establishments located within a 0.1-0.4 mile radius; the most observed in Ward 5.

TABLE 55. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTERS SCHOOLS IN WARD 5

Name of School Ward 5	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Brook land Education Campus @Bunker Hill	0	0	0	2	0	0	0	0	2
Dunbar Senior High School	0	2	1	3	0	2	3	2	13
Burroughs Education Campus	0	0	0	0	0	0	0	0	0
Luke C. Moore High School	0	0	0	2	0	1	1	0	4
Mamie D. Lee School	0	0	2	2	0	0	1	0	5
McKinley Technology Senior High School	0	0	1	4	1	1	1	7	15
Phelps Architecture, Construction and Engineering High School	0	1	2	0	0	0	1	0	4
Spingarn Senior High School	0	1	2	0	0	0	1	0	4
Spingarn STAY Senior High School	0	1	2	0	0	0	1	0	4
Marshall Elementary	0	0	1	0	0	0	0	0	1
Wheatly Education Campus	1	1	1	4	0	0	4	1	12
Youth Services Center	0	0	1	0	0	0	1	0	2
DC Public Charter Schools									
Center City PCS - Trinidad Campus	1	1	1	2	0	0	2	3	10
Community Academy PCS Amos III	0	3	1	4	0	1	2	2	13
Community Academy RAND Tech and Online	0	1	2	1	0	0	1	0	5
DC Preparatory - Edgewood Elementary and Middle	0	1	0	4	1	1	0	1	8
Elsie Whitlow Stokes Community Freedom	0	2	0	0	1	1	0	0	4
Friendship Woodridge	0	0	3	0	0	0	1	1	5
Hope Community PCS Tolson	0	0	0	1	1	0	0	1	3
Inspired Teaching Demonstration PCS	0	0	1	2	0	0	0	0	3
Potomac Lighthouse PCS	0	0	1	2	0	0	0	0	3
William E. Doar PCS - Edgewood	0	1	1	3	1	1	0	2	9
Perry Street Prep - Upper (Formerly HYDE PCS)	0	0	0	0	0	0	0	0	0

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 40. Class A and B Establishments by Public and Charter Schools in Ward 5



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 6

Overall, Ward 6 had three (3) schools that had 10 or more Class A and B establishments located within a 0.1-0.4 mile radius of a Public or Charter school (Table 56).

- There was five (5) Class A establishments located 0.1 miles of the surrounding schools.
- There were two (2) Class B establishments located 0.1 miles of the surrounding schools.
- There was only one (1) Safeway supermarket in Ward 6 that can be classified as a Class A and B establishment.
- There were two (2) Classes A establishments less than 500 ft of the surrounding schools.
- There was (1) Class A establishment less than 440ft of the surrounding schools and one (1) less than 430ft Class B establishment near surrounding schools.
- There were two (2) Class A establishments located near surrounding schools.
- Miner elementary School that had an individual total of 13 Class A and B establishments within a 0.1-0.4 mile radius; the most observed in Ward 6.

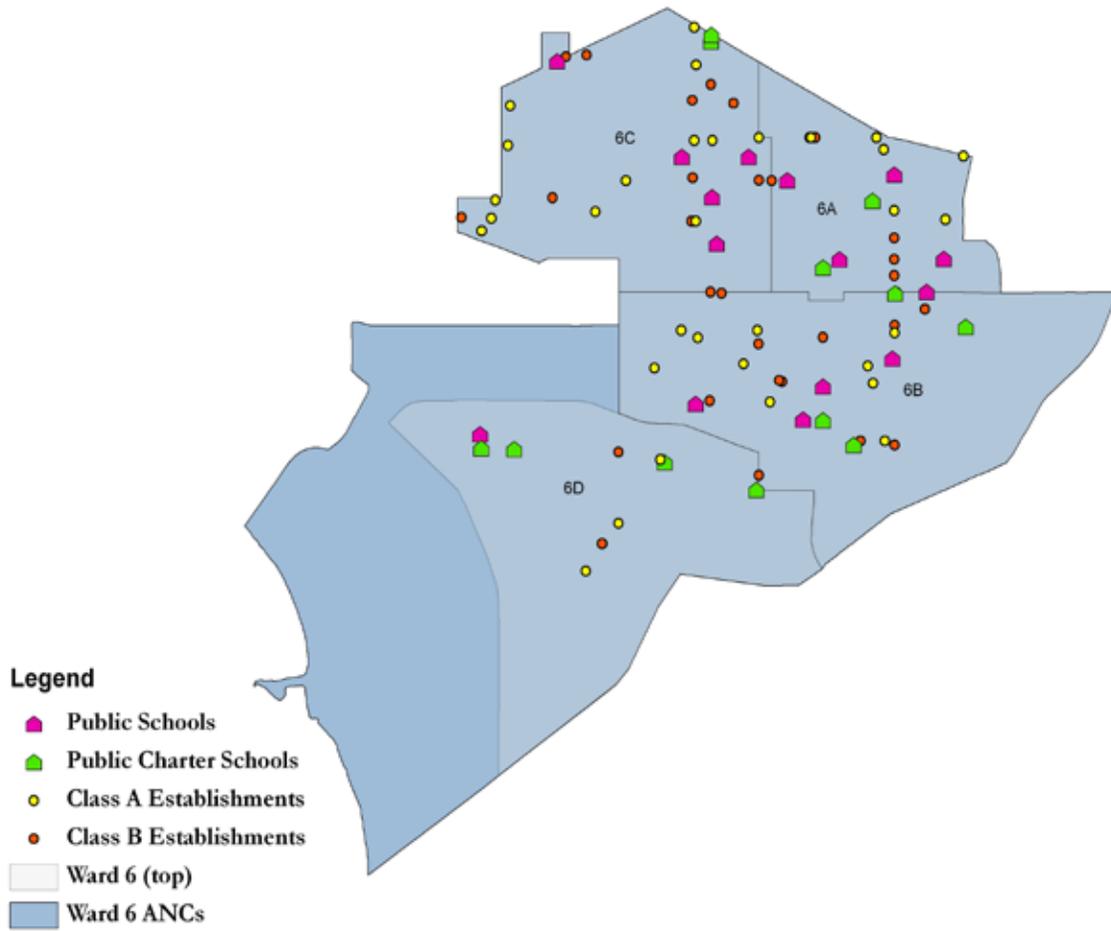
TABLE 56. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 6

Name of School Ward 6	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Brent Elementary School	1	3	1	1	0	0	3	0	9
Capitol Hill Montessori @Logan	1	2	1	1	1	0	1	1	8
Elliot-Hine Middle School	0	1	1	1	0	1	3	1	8
J.O Wilson Elementary School	0	2	3	3	0	1	2	0	11
Jefferson Middle School	0	0	0	0	0	0	1	0	1
Maury Elementary School	0	0	1	1	0	0	3	2	7
Miner Elementary School	0	2	4	1	0	0	4	2	13
Payne Elementary School	1	2	0	1	0	1	1	3	9
Peabody Elementary School	1	0	0	4	0	3	1	0	9
Prospect Learning Center	0	2	0	2	0	2	0	0	6
School-Within School @ Peabody	1	0	0	4	0	3	1	0	9
Tyler Elementary School	0	1	0	3	0	0	1	2	7
Walker-Jones Education Campus	0	0	0	4	1	1	1	2	9
Watkins Elementary School	0	2	1	3	0	1	0	2	9
DC Public Charter Schools									
Apple Tree Early Learning - Lincoln	0	0	0	1	0	0	1	3	5
Eagle Academy - New Jersey Avenue	1	0	1	0	0	0	0	0	2
Options PCS	0	1	1	3	0	1	2	4	12
St. Coletta Special Education PCS	0	0	0	1	0	0	0	1	2
Two Rivers PCS-Upper	1	1	0	1	1	1	0	0	5

Note: 0.1mile = 500ft

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 41. Class A and B Establishments by Public and Charter Schools in Ward 6



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 7

Overall, Ward 7 had two (2) schools that have 10 or more Class A and B establishments located within a 0.1-0.4 mile radius of a Public or Charter school (Table 57).

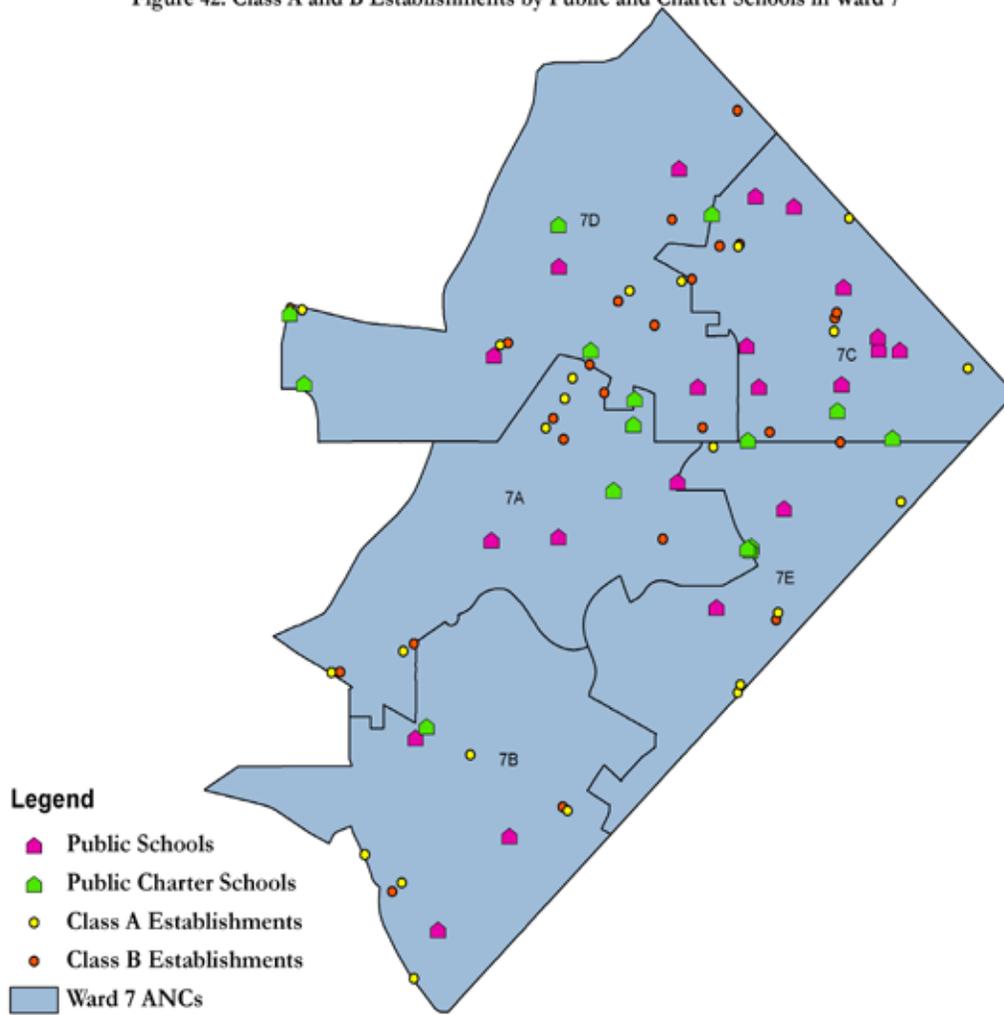
- There were two (2) schools that were within a 0.4 mile radius of a Class A establishment and five (5) schools that were within a 0.4 mile radius of a Class B establishment.
- There was one (1) school less than 500ft of a Class A establishment.
- There was one (1) school that had no Class B market establishment nearby.
- Aton elementary School that had an individual total of six (6) Class A and Class B establishments located within a 0.1-0.4 mile radius; the most observed in Ward 7,

TABLE 57. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 7

Name of School Ward 7	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Aton Elementary School	0	0	0	3	0	0	0	3	6
Burrville Elementary School	0	1	0	0	0	1	0	1	3
C.W. Harris Elementary School	0	0	0	2	0	0	0	1	3
Davis Elementary School	0	0	1	1	0	0	0	1	3
Drew Elementary School	0	0	2	0	0	0	1	0	3
Houston Elementary School	0	0	1	0	0	0	0	1	2
Kelly Miller Middle School	0	0	0	1	0	1	0	2	4
Kenilworth Elementary School	0	0	0	0	0	0	0	1	1
Kimball Elementary School	0	0	0	0	0	0	0	0	0
Plummer Elementary School	0	1	0	0	0	0	1	0	2
Randle Highlands Elementary School	0	1	0	1	0	0	0	0	2
River Terrace Elementary School	1	0	0	3	1	0	0	0	5
Ronald Brown Middle School	0	0	1	0	0	0	1	0	2
Smothers Elementary School	0	0	1	0	0	1	1	1	4
Winston Education Center	0	0	2	1	0	1	1	0	5
DC Public Charter Schools									
Apple Tree Early Learning - Oklahoma Ave (East Capitol)	0	1	2	1	0	1	1	0	6
Friendship Junior Academy - Blow pierce	1	1	0	2	1	1	1	0	7
Arts and Technology Academy PCS	0	0	0	1	1	0	1	1	4
KIPP DC: Promise Academy	0	0	1	0	0	0	0	1	2
KIPP DC: KEY Academy	0	0	1	0	0	0	0	1	2
Cesar Chavez PCS - Parkside Lower	0	0	1	0	1	0	0	1	3
Maya Angelou PCS Lower	0	0	1	0	0	1	0	0	2
Friendship Collegiate Academy - Woodson	0	1	1	2	0	3	2	1	10
IDEA- Integrated Design and Electronic Academy	0	1	1	0	1	0	1	0	4
Maya Angelou PCS Upper	0	0	1	0	0	1	0	0	2
Richard Wright PCS	0	0	1	3	0	1	2	3	10
SEED	0	0	0	1	0	0	0	3	4

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 42. Class A and B Establishments by Public and Charter Schools in Ward 7



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

WARD 8

Next to Ward 3, Ward 8 had the least amount of the Class A and B establishments located within a 0.1-0.4 mile radius of Public or Charter schools (Table 58).

- There were eight (8) Class A establishments located 0.1 miles of the surrounding schools and six (6) Class B market establishments located 0.1 miles of the surrounding schools.
- There were two (2) Class B establishments less than 500ft of surrounding schools and one (1) Class A establishments less than 500ft near surrounding schools.
- There were four (4) Class A liquor store establishments less than 400ft near surrounding schools and one (1) Class A establishments less than 200ft near surrounding schools.
- There were four (4) schools that had no Class A establishments and there were four (4) schools that had no Class B establishments.
- There were two (2) schools that had no Class A and B establishments within a 0.1-0.4 mile radius.

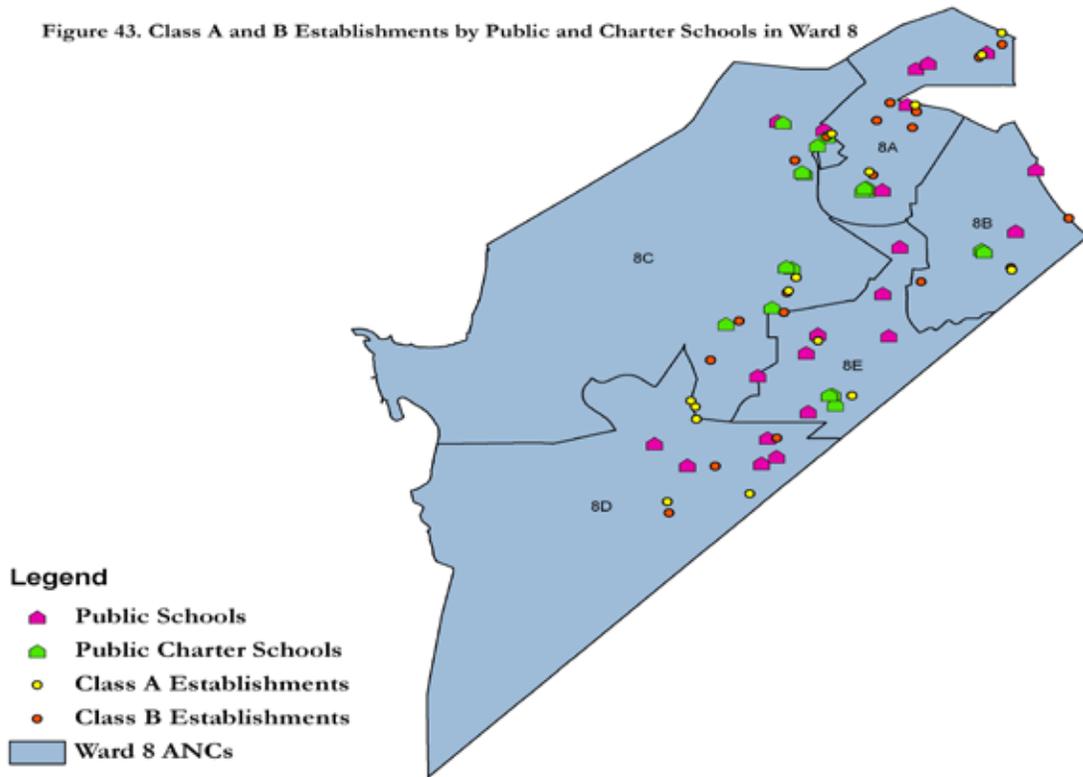
In fact, there were five schools, King Elementary School, Orr Elementary School, Stanton Elementary School, Friendship Tech Prep and Septima Clark School that each had a total of four (4) Class A and B establishments located within a 0.1-0.4 mile radius, the most observed in Ward 8.

TABLE 58. CLASS A AND B ESTABLISHMENTS BY PUBLIC AND CHARTER SCHOOLS IN WARD 8									
Name of School Ward 8	Number of Class A Establishments				Number of Class B Establishments				Total
	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	0.1 Miles	0.2 Miles	0.3 Miles	0.4 Miles	
DC Public Schools									
Anacostia Senior High School	0	0	1	0	0	0	0	1	2
Ballou STAY Senior High School	0	0	0	1	0	0	1	0	2
Ferebee-Hope Elementary School	0	0	1	0	0	0	1	0	2
Hart Middle School	0	0	0	0	0	0	0	1	1
Hendley Elementary School	0	0	0	0	1	0	0	0	1
Johnson, John Hayden Middle School	0	0	0	0	0	0	0	0	0
Ketchum Elementary School	1	0	0	0	0	0	0	0	1
King Elementary School	0	1	1	0	1	1	0	0	4
Leckie Elementary School	0	0	1	2	0	0	0	0	3
M.C. Terrell/McGogney Elementary School	0	0	1	1	0	1	1	0	4
Malcolm X Elementary School	0	0	0	0	0	0	1	0	1
Orr Elementary School	1	1	0	0	2	0	0	0	4
Patterson Elementary School	0	0	1	1	0	0	0	0	2
Rose School (Change Jackie Robinson Center	0	0	1	0	0	0	1	0	2
Savoy Elementary School	0	0	0	0	0	0	1	0	1
Simon Elementary School	0	0	0	0	0	0	0	0	0
Stanton Elementary School	1	1	0	1	0	0	0	1	4
Turner Elementary School @ Green	0	0	0	0	0	0	1	0	1
DC Public Charter Schools									
Achievement Preparatory Academy PCS	1	0	0	0	0	0	0	0	1
Apple Tree Early Learning -Douglass Knoll	1	0	0	0	1	0	0	0	2
Center City PCS - Congress Heights Campus	0	0	0	0	0	0	1	0	1
Early Childhood Academy PCS	1	0	0	0	0	0	0	0	1
Friendship Southeast Elementary	1	1	0	0	0	0	1	0	3

Figure 58 continues									
Friendship Tech Prep	0	2	0	0	0	1	1	0	4
Howard Road Academy Middle - MLK Ave	0	0	0	0	1	0	1	0	2
Howard Road academy PCS - Howard Road	0	0	0	0	0	0	2	1	3
Howard Road Academy PCS - Penn Ave	0	1	0	1	0	0	0	0	2
Imagine SE	0	1	0	1	1	0	0	0	3
KIPP DC: AIM Academy	0	0	0	0	0	2	0	0	2
KIPP DC: Discover Academy	0	0	0	0	0	2	0	0	2
Septima Clark	1	0	0	2	0	1	0	0	4
KIPP DC: College Preparatory	0	0	0	0	0	2	0	0	2
National Collegiate PCS	1	0	0	0	0	0	0	0	1

Source: DCPS, DCPCS, Google Maps and DC Atlas

Figure 43. Class A and B Establishments by Public and Charter Schools in Ward 8



Source: Alcohol and Beverage Regulation Administration and DC Public and Charter Schools
2002 Ward Boundaries

Impact

There are some Public and Charter schools that have too many Class A and B establishments in close proximity to their learning facilities; however, it was observed that colleges/universities were placed at a further distance away from Class A and B establishments. The District of Columbia is 68 sq miles and is not large enough to accommodate many of the Class A and B establishments. The ABRA regulation stated that Class A and B establishment are to be at least 400ft from colleges/universities, schools and recreation centers. The required 400ft from these institutions and recreation facilities should be enforced without any provisions.

As a whole, it is the responsibility of the community and government to ensure that the youth of the District of Columbia are protected and not exposed to elements that can compromise their health and safety. The daily exposure to drunkenness, loitering and advertisement creates potential adverse effects such as physical, mental and health complications for the youth of the District of Columbia.

RECOMMENDATIONS

Moving Forward

Alcohol is a socially accepted substance that will more likely continue to be a part of the human culture. Revising current laws and implementing new policies may be difficult but necessary if States and the District of Columbia are serious in their efforts to decrease the abuse of alcohol. With many youth drinking alcohol as early as 12 years old, many efforts thus far, while transformational and effective, have yet to have the effect, in which it was originally envisioned. While we are not advocating that adults should not drink alcohol, we are stating that adults should drink more responsibility with the understanding of the short and long-term effects of use and abuse and that anyone under the age of 21 should not engage in drinking any type of alcohol.

The District of Columbia Department of Health's main goal is to promote, prevent and protect the health, safety and quality of life of District residents and visitors. With such a challenging task, recommending and implementing policies that are conducive to this mission is a step in the right direction. The alarming effects of alcohol have been so entrenched into our communities and have become a complex issue to address. Historically, it has been proven that regulating morality usually increases behaviors that we strive to eradicate. All of the evidence and data presented in this report clearly demonstrate the dangers of alcohol abuse short and long-term. Hospital admissions for alcohol dependency and death related to alcohol in 2010 have increased. Further, there are over 60 diseases associated with alcohol use and abuse that remain dormant in many individuals' minds. Many of the incarcerations in this country that result in jail time are the end result of individual behavior while under the influence of alcohol.

Adult responsibility related to alcohol can be subjective; however, most would agree that adults who decide to consume alcohol should do so responsibly without causing harm to others. Parents and guardians, in particular, must ensure that their behaviors set a positive example for their children. In many cases children are not obtaining alcohol from liquor stores and markets but inside of their homes or in the home of a friend. Communities must develop a sense of cohesiveness to ensure that businesses are held accountable to not serve alcohol to minors and that violators of those laws will not be tolerated. If communities are going to thrive, it will require the strength and commitment of the community working together. Alcohol has been a destroyer of many communities and families having an overreaching affect on individuals as it crosses over into economic and social losses such as time off work, disruption of family, social relationships, emotional/mental problems, alcohol-related illness and injury, overall health, aggression, violence and incarceration and death.

While many researchers tend to state the benefits of alcohol, the harmful effects of alcohol outweigh the benefits. The District of Columbia Addiction Prevention and Recovery Administration continues to lead in the efforts to decrease alcohol addictions and underage consumption among District residents. However, concerns related to sustaining community interventions are critical. The successes of many interventions rely on sustainability of resources provided by government, community partners, communities and churches.

Based on the evidence and documentation presented in this report several, recommendations should be considered as a way to develop a new strategic plan to aggressively change the attitudes of many as it relates to alcohol. Further, the enforcement and revisions of current regulations should be considered to maximize fines for establishments that serve alcohol to minors. Below are various types of recommendations designed to decrease alcohol abuse and use among youth and adults. In cases where the District currently has a law in place, the recommendation is designed to emphasize the importance of enforcement.

Healthy People Objectives

Vision – A society in which all people live long, healthy lives

Mission – Healthy People 2020 strives to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, state and local levels
- Engage multiple sectors to take actions to strengthen policies and provide practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation and data collection needs

The overall goal for Healthy People 2020 is to increase the longevity and quality of life and to eliminate health disparities while serving as a guide for the development of objectives that would be used to measure progress. The Healthy People 2020 has provided the District and the Nation with a set of goals to measure the reduction of health disparities. As District residents continue to suffer chronic illness, disabilities and premature deaths from major health problems, it is imperative that the Department of Health continues to track the measurement of the Healthy People goals and objectives.

The following Healthy People objectives focus on alcohol and how policy, prevention, screenings, treatment and epidemiology play an integral role in an effort to decrease the negative outcomes, short and long-term, related to alcohol, primarily among youth.

Goal – Reduce substance abuse to protect the health, safety, and quality of life for all, especially children

Policy and Prevention

- SA-1 Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.
- SA-2 Increase the proportion of adolescents never using substances.
SA-2.1 Increase the proportion of at risk adolescent aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time.
- SA-2.3 Increase the proportion of high school seniors never using substances – Alcoholic beverages.
- SA-3 Increase the proportion of adolescents who disapprove of substance abuse.
SA3.1 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day – 8 graders.
- SA-3.2 Increase the proportion of adolescents who disapprove of having one or two alcohol drinks nearly every day – 10th graders.
- SA-3.3 Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day – 12 graders.
- SA-4 Increase the proportion of adolescents who perceive great risk associated with substance abuse.
SA-4.1 Increase the proportion of adolescents aged 12 to 17 years perceiving great risk associated with substance abuse – Consuming five or more alcoholic drinks at a single occasion once or twice a week.
- SA-6 Increase the number of States with mandatory ignition interlock laws for first and repeat impaired driving.

offenders in the United States.

Screening and Treatment

- SA-8 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year .
 - SA-8.2 Alcohol and/or illicit drug treatment
 - SA-8.3 Alcohol abuse or dependence treatment
- SA-9 (Developmental) Increase the proportion of persons who are referred for follow-up for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department.
- SA-10 Increase the number of Level I and Level II trauma centers and primary care setting that implement evidence-based alcohol Screening and Brief Intervention (SBI).

Epidemiology and Surveillance

- SA-11 Reduce cirrhosis death.
- SA-13 Reduce past-month use of illicit substances
 - SA-13.1 Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days.
- SA-14 Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.
 - SA-14.1 Reduce the proportion of students engaging in binge drinking during the past 2 weeks – high school seniors.
 - SA-14.2 Reduce the proportion of students engaging in binge drinking during the past 2 weeks – college students.
 - SA-14.3 Reduce the proportion of persons engaging in binge drinking during the past 30 days – Adults aged 18 and older.
 - SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month - Adolescents aged 12 to 17 years.
- SA-15 Reduce the proportion of adults who drank excessively in the previous 30 days.
- SA-16 Reduce average annual alcohol consumption.
- SA-17 Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC] fatalities).
- SA-20 Decrease the number of deaths attributable to alcohol.

Source: Healthy People - Healthy People.gov Substance Abuse <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40> Accessed September 2012

Types of Strategy	Recommendations
School/Minor Strategies	<ul style="list-style-type: none"> • Increase penalties for alcohol use in college settings
	<ul style="list-style-type: none"> • Prohibit delivery or use of kegs or other common containers on college campus
	<ul style="list-style-type: none"> • Restrict individuals under the age of 21 from entering a liquor store even to purchase snacks and soft drinks (unless accompanied by a parent or guardian 21 or older)
	<ul style="list-style-type: none"> • Prohibit minors from entering bars and nightclubs, which should be clearly distinguished from restaurants.
	<ul style="list-style-type: none"> • Cultural sensitivity
Family Strategies	<ul style="list-style-type: none"> • Improvement of parent-child relations using positive reinforcement, listening and communication skills, and problem solving
	<ul style="list-style-type: none"> • Provision of consistent discipline and rule-making
	<ul style="list-style-type: none"> • Monitoring of children's activities during adolescence
	<ul style="list-style-type: none"> • Strengthening of family bonding
	<ul style="list-style-type: none"> • Development of skills
	<ul style="list-style-type: none"> • Involvement of child and parents
Policy/Community Strategies	<ul style="list-style-type: none"> • Excise taxes
	<ul style="list-style-type: none"> • Increase costs of alcohol sales licenses
	<ul style="list-style-type: none"> • Minimum legal drinking age of 21
	<ul style="list-style-type: none"> • Ban or restrict alcohol advertising on college campus
	<ul style="list-style-type: none"> • Ban alcohol advertising in the vicinity of schools
	<ul style="list-style-type: none"> • Require pro-health messages to counter balance alcohol advertising
	<ul style="list-style-type: none"> • Ban alcohol sales in carryout establishments
	<ul style="list-style-type: none"> • Identify gaps, loopholes, and areas for improvement
	<ul style="list-style-type: none"> • Motivate enforcement and regulatory agencies to strengthen enforcement of existing laws and policies
	<ul style="list-style-type: none"> • Limit the number of an outlet that can be licensed within a given area; that is limit outlet density.
	<ul style="list-style-type: none"> • Prohibit home delivery of alcohol and either prohibit or strictly regulate Internet/mail-order alcohol sales
	<ul style="list-style-type: none"> • Prohibit minors from entering bars and nightclubs, which should be clearly distinguished from restaurants
	<ul style="list-style-type: none"> • Prohibit teen drinking parties at private residences and impose fines and fees on homeowners or renters for law enforcement services.
<ul style="list-style-type: none"> • Require identification of all individuals purchasing alcohol 	

Source: CDC: Centers for Disease Control and Prevention

Glossary of Terms

ANC	Advisory Neighborhood Commission
ABRA	Alcohol Beverage Regulation Administration
APRA	Addiction Prevention Recovery Administration
BAC	Blood Alcohol Content
BRFSS	Behavioral Risk Factor Surveillance System
CAMY	Center on Alcohol Marketing and Youth
CDC	Centers for Disease Control and Prevention
CPPW	Communities Putting Prevention to Work
DCPCS	District of Columbia Public Charter Schools
DCPS	District of Columbia Public Schools
DPR	Department of Parks and Recreation
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
GIS	Geographic Information System
LGBT	Lesbian, Gay, Bisexual and Transgender
MPD	Metropolitan Police Department
NIAAA	National Institute on Alcohol Abuse and Alcoholism
OCME	Office of the Chief Medical Examiner
STM	Serving To Minors
USCP	United States Capitol Police
USPP	United States Park Police
YRBSS	Youth Risk Behavioral Surveillance System

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In accordance with the D.C. Human Rights Act of 1977, as amended, D. C. Code section 2.1401.01 et seq., (“the Act”) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business.

Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

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